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Pt 4. 1st ed

DESCRIPTION AND TREATMENT

OF

CUTANEOUS DISEASES.

ORDER III. RASHES.

PART II.

ON THE

URTICARIA, ROSEOLA, PURPURA, AND ERYTHEMA.

AND

ORDER IV. BULLÆ.

ON ERYSIPELAS, PEMPHIGUS, AND POMPHOLYX.

BY

ROBERT WILLAN, M.D. F.A.S.

PHYSICIAN EXTRAORDINARY TO THE FEVER-INSTITUTION, AND TO THE PUBLIC DISPENSARY, IN LONDON.

LONDON:

PRINTED FOR J. JOHNSON, ST. PAUL'S CHURCH-YARD.

1808.

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ON

CUTANEOUS DISEASES.

VOL. I.

CONTAINING

ORD. I. PAPULÆ.
ORD. II. SQUAMÆ.
ORD. III. EXANTHEMATA.
ORD. IV. BULLÆ.

BY

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[*J. O. Barnard, Printer, Snow-Hill.*]

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ORDER III.

III. URTICARIA.

THE URTICARIA * or NETTLE-RASH is characterized by the round, oval, or longitudinal elevations of the cuticle, uſually denominated wheals (DEF. IX), which have a white top, often ſurrounded by diffuſe redneſs. Some of the orbicular wheals reſemble tubercles in form (DEF. VIII.), but they are not permanent, nor have they any tendency to ſuppuration. The Nettle-raſh, though in many caſes accompanied with fever, is not contagious. Linnæus has deſcribed the eruption in the following terms: Sudamina pruriginoſa, inæqualia, ruberrima, dilatabilia, fugacia, recidivantia, furfuraceo-evaneſcentia: Hectica brevis, benigna.—The varieties of this diſeaſe,

* This disease is mentioned by different medical writers under different generic titles, as Scarlatina, Essera, Erysipelas, Purpura, Erythema, and Uredo.

which ſeem chiefly to merit attention, I propoſe to denominate Urticaria febrilis, Urticaria evanida, Urticaria perſtans, Urticaria conferta, Urticaria ſubcutanea, Urticaria tuberoſa.

I. Urticaria febrilis. This is always attended with conſiderable diſorder of the conſtitution. The ſymptoms preceding the eruption, are*, pain and ſickneſs at the ſtomach, head-ach, great languor or faintneſs, with a diſpoſition to ſleep, a ſenſe of anxiety, an increaſed quickneſs of the pulſe, and a white fur on the tongue. In two days, or ſometimes later, after theſe ſymptoms, the wheals appear with an efflorescence in patches of a vivid red, or ſometimes nearly of a crimſon colour†. They are preceded by fits of coldneſs and ſhivering, and are attended with a moſt troubleſome itching or tingling, which is greatly aggravated

* Purpura urticata, imprimis, corripit patientes cum subtili sensu refrigerii, in superficie corporis. 2. Subsequitur modicus calor. 3. Hunc comitatur sitis non admodùm intensa. 4. Jungitur etiam aliqualis capitis perturbatio, aut lenis ejusdem dolor. Juncker's Conspectus, Tab. 64.

† See PL. XXV. Fig. 2.

Sydenham, de Febre erysipelatosâ, sect. V. cap. 6, observes, "Est et alia hujusce morbi species, licet rariùs occurrens.—Febriculam quæ agmen ducit, mox

aggravated during the night, and which prevents reſt for many hours. In order to avoid this inconvenience, I have known many perſons ſleep on a ſofa without putting off their cloaths, as their diſtreſs begins immediately on uncovering the body*. The patches often coaleſce ſo as to produce a continuous redneſs: they appear on moſt parts of the ſurface†, but they are diffuſed particularly on the ſhoulders, loins,

mox excipit pustularum per universum ferè corpus, eruptio, quæ urticarum puncturas referunt, et nonnunquam in vesiculas attolluntur; mox recedentes tuberculorum more sub cute se condunt, cum pruritu mordacissimo, et vix tolerando; at quoties levissimam scalpturam subeunt, rursùm apparent." Compare De Meza, Med. Compend. I. pag. 54, De Febre erysipelaceâ. Andr. Loew. Hist. Epidem. Hungariæ, anno 1688, in Act. Nat. Cur. vol. I. and Ephemerid. cent. vi. obs. 96. Burserii Inst. Med. vol. II. cap. 5. and Arnemann, Handbuch der Pract. Medecin. 1800.

* Every change of temperature seems to produce uneasiness: hence Buserius justly observes, " Calore lecti, et expiratione auctâ, sæpe evenit ut evanuisse papulæ videantur: sed si cutis aeri exponatur, aut e lecto surgant ægri, retentâ expirabili materiâ, statim papulæ conspicuæ fiunt, cutemque ut anteà attollunt cum notabili pruritu et ardore. loc. citat.

† 5. Tandem cum multo pruritu, et superficiali tensione, et rigore, hinc indè Exanthemata tam in facie quam reliquo corpore erumpunt. 6. Hæc Exanthemata cutim superant, et citò in notabile augmentum adcrescunt, ac papulas

loins, nates, thighs, and about the knees. They extend likewiſe to the face; and there is ſometimes a red circle round the palm of the hand, accompanied with a ſenſation of violent heat. They appear and diſappear irregularly, firſt on one part, then on another, and they may be excited on any part of the ſkin by ſtrong friction or ſcratching. During the day, the efflorescence fades, and the wheals in general ſubſide, but both of them return with a ſlight febrile paroxyſm in the evening*. The red patches of efflorescence are often elevated above the level of the adjoining cuticle, and form denſe tumours, with a hard diſtinct border: the interſtices are of a dull white colour. When the patches are numerous, the face, or the limb chiefly covered with them, appears tenſe and conſiderably enlarged. At the latter end of the diſorder, the eyelids

quasdam eminentes, paullò latiores, coloris ex pallido rosei, urticarum læsiones referentes, offerunt. 7. Nonnunquam cum protuberantiis semierysipelaceis, et asperitate serpiginosâ efflorescit; et aliquo modo erysipelatis indolem imitatur. Juncker.

* 8. Febris, si adest, mitioris indolis esse solet. 9. Non permanent constanter exanthemata, sed diuturnis imprimis horis evanescunt, quibus etiam motus febriles remittunt. 10. Circà vesperim verò, ubi febris revertitur, denuò prodeunt, et eo tempore etiam pruritus molestus et ardens insigniter affligit. Juncker.

are

are red and tumefied, and there is often a ſwelling and inflammation on the ſides of the feet. On the appearance of the eruption, the pain and ſickneſs at ſtomach are in general relieved, but when it diſappears, thoſe ſymptoms return. The whole duration of the febrile Nettle-raſh is ſeven or eight days. As the eruption declines, the tongue becomes clear, the pulſe returns to it's uſual ſtate, and all internal diſorder ceaſes: the efflorescence exhibits a light purple or pink colour, and then gradually diſappears, being ſucceeded by ſlight exfoliations of the cuticle*.

This complaint, though not in general dangerous, is extremely troubleſome from the violent heat of the ſkin, and the itching and reſtleſſneſs, with which it is uſually attended: it is on ſome occaſions very alarming, eſpecially when the ſickneſs and languor, at the beginning of the eruption, bring on repeated fits of fainting. I ſaw it terminate fatally in the caſe of a man about fifty years of age, who had impaired his conſtitution by hard labour, and intemperance. On the 1ſt and 2d day of Au-

* 11. Totus affectus intra triduum vel quatriduum finem suum adsequitur; et si a febre immunis est, adhuc citius exitum sortitur. 12. Exit cum temperatâ diaphoresi; et post cessationem, exilissimæ squamulæ ab affectâ parte secedunt. Juncker.

guſt

guſt 1792, he complained of nauſea, and of great pain in the ſtomach, which was increaſed by preſſure. He was very thirſty, had a quick pulſe, and a ſlight delirium at night. On the 3d and 4th of Auguſt, a number of elevated wheals, and red patches, were diffuſed over the body, with much heat and itching of the ſkin. While the raſh continued vivid, his internal complaints abated, but, on it's ſudden diſappearance about the fifth day, the febrile ſymptoms and delirium became more violent than at firſt. On the ſixth day, the eruption appeared again on his face: he was notwithſtanding very hot, reſtleſs, and delirious; he remained in the ſame ſtate through the following day, and died in the evening*.

The febrile Urticaria occurs chiefly in ſummer, and affects perſons of a plethoric or ſanguine habit, eſpe-

* Sennertus mentions the occurrence of the Nettle-rash in bilious fevers: "Interdum Essere Febres biliosas præcedunt, et propterea ii, qui hisce tuberculis frequentiùs molestantur, curationem non negligere debent, ne in Febres et gravius malum incidant." Pract. Med. Lib. V. Part i. cap. 26.

Dr. Cleghorn (on the Diseases in Minorca, pag. 222) says, "The Essere often accompany Tertian Fevers, and appear most commonly in the hot fit Sometimes I have seen them so numerous, that the whole body was disfigured by them. and painted in many places with all the colours of the rainbow. In a few such cases, the disease, contrary to expectation, proved suddenly mortal."

cially

cially thoſe who indulge themſelves in eating and drinking too freely*. I have often obſerved this complaint connected with teething, or a diſorder of the bowels, in infants not a year old†, who, from the itching and irritation attending it, become hot, fretful, and reſtleſs, and have a white tongue, with a very quick pulſe. In children from two to ten years of age it is alſo very frequent. Among adults, I have found men more frequently affected with it than women.

* Sydenham remarks, "Quolibet anni tempore invadit, idque hâc ut plurimum προφάσει, quod scilicet æger vinorum subtilium, magis magisque attenuantium, potatione paulò liberaliùs indulserit, aut liquoris similis spirituosi." loc. citat.

† "Purpuræ volaticæ seu scorbuticæ species in infantibus aliquandò occurrit, quam Essere vocant Arabes. Exigua erumpunt tubercula hinc indè in corpore, sine insigniori calore, cute inæquali, rubrâ redditâ, cum insigni pruritu, non aliter ac si urticis percussæ essent partes, unde Die Ressel Sucht etiam vocatur." G. W. Wedel, de Morb. Infantum, cap. 37.

"The Nettle-rash occurs in children, more generally under two years of age; and is exceedingly troublesome to the infant, as well as matter of surprise to parents, from the suddenness of it's appearance. Children going to bed perfectly well, wake very uneasy, and frequently continue screaming for some time before the cause is discovered. But upon examining the body and the lower limbs, they are found covered with large wheals, resembling those produced by the sting of nettles." Dr. Underwood, vol. I. pag. 101.

A diſeaſe

A diſeaſe very ſimilar to the febrile Urticaria is produced, in particular conſtitutions, by ſubſtances offenſive to the ſtomach, ſuch as almonds, muſhrooms, herrings, crab-fiſh*, muſcles, and lobſters. The effect is almoſt inſtantaneous, and the ſymptoms are extremely violent for ſeveral hours, but the diſorder ſeldom exceeds two days. Dr. Winterbottom ſays, "I have twice been violently affected by eating the ſweet almond. The firſt time, within a few hours after eating this fruit, though in no great quantity, I was ſeized with ſlight nauſea, uneaſineſs in the ſtomach and bowels (without any fixed pain), great reſtleſſneſs, and increaſed heat. Theſe ſymptoms were ſoon followed by an œdematous ſwelling of the face, eſpecially of the lips and noſe, which were very hot and itching. There was, at the ſame time, an uneaſy tickling ſenſation in the throat, which excited a troubleſome cough and a conſtriction of the fauces, which ſeemed to threaten ſuffocation. The tongue likewiſe became enlarged and ſtiff, cauſing

* "A man was always affected with Urticaria after eating crabs, whether boiled, or in ſoup: he was affected thus even by the vapour which arose from them, also by taking the lap. caneror." 'Dr. Tode, from whom this is quoted (Med. Chir. Bibl.) obſerves, that he is himſelf frequently, though not always, affected with a ſlight Urticaria after eating crab-ſoup.' Med. Facts and Obs. Vol. V. pag. 59.

a flowneſs and faultering in the ſpeech. Soon after going to bed, an eruption took place over the whole body, of ſpots nearly as large as a ſixpence, of a dead white colour, a little elevated above the ſkin, like the wheals produced by the ſting of a nettle, and intolerably itching. In their interſtices, the ſkin was of a high red colour: the whole body was alſo tumefied, though in no great degree. Theſe ſymptoms continued during the greater part of the night, but gradually abated towards morning, upon the breaking out of a conſiderable perſpiration, which was encouraged by warm diluents: the next day, not the leaſt veſtige of the complaint remained.—The ſecond time this affection occurred, the appearances were nearly the ſame, except that they began a few hours later than in the firſt inſtance. The eruption alſo continued the greater part of the enſuing day, and then gradually declined.—I have not felt any inconvenience from eating the blanched almonds."

" Dr. Gregory, in his clinical lectures, ſtated that he had himſelf been ſubject to a ſimilar complaint from eating almonds; that he had a violent attack of fever, ſwelling of the body, and a copious eruption on the ſkin, attended with a loſs of voice, and coldneſs of the extremities, which, however, went off the next

day*.—Nearly the ſame ſymptoms, he added, had occurred to him from eating a green cucumber, with the ſkin upon it, and continued four days, but were at length removed by a cathartic.—Dr. Gregory had ſeen two patients affected, by drinking porter, with a ſimilar diſorder, which he referred to the bitters infuſed in that liquor†."

The diſeaſe, which takes place after eating muſcles or lobſters, has in a few inſtances proved fatal. A ſtatement of it's ſymptoms has been given by different authors‡: the eruption attending it, in ſome caſes, re-

* In some persons, the predisposition is so strong, that a few kernels of any of the Drupacea will produce the disease. The first symptom of it is, invariably, an uneasy sensation of itching or prickling in the fauces; this is succeeded by a swelling of the tonsils, and by a slight affection of the larynx, attended with a tickling cough, and an obstruction or loss of voice.

† Medical Facts and Obs. Vol. V. page 60. Compare Dr. Withering on the Scarlat. ang. pag. 63.

‡ Mityli (vulgo muscheln) ab innumeris hominibus avidè satis, innoxièque, comeduntur. Nihilominùs tamen plurima, intrà muros civitatis nostræ, et extrà, exempla me docuerunt, ex eorum genere esse nonnullos, veneni quidpiam in visceribus occultantes. Vidi enim paucas matronas, virgines, et infantes, ex eorum esu, malè se habentes, sentientes præcordiorum anxietates, sudores frigidos, lipothymias, ventris, faciei, et extremitatum intumescentiam, ità ut actum de earum vitâ putasses." Ephem. Nat. Cur. Dec. II. ann. 8. pag. 122. Obs. XLVIII. a J. C. Bautzman, medico Kiloniensi.

ſembles

ſembles that deſcribed pag. 400, in others it is like the Scarlatina* (pag. 255). An eminent phyſician, Dr. Bœhrens†, has minutely deſcribed the ſymptoms which took place in himſelf from partaking of a diſh of muſcles. Two hours after dinner (3 o'clock P. M.), he felt an uneaſy conſtriction of the cheſt (anxia præcordiorum conſtrictio), a ſevere pain between the ſtomach or duodenum and the vertebræ of the loins, with pain ſhooting from the ſcrobiculus cordis to the lower inteſtines. At four o'clock, he was affected with diarrhœa, vomiting, and excruciating pain and itching at the rectum. When theſe ſymptoms ceaſed, a conſiderable heat and ſwelling took place, on a ſudden, in the external ear. At ſix o'clock, the inflammation ſubſided, but heat, itching, ſtiffneſs, and ſwelling of the ſkin of the forehead immediately followed. At this time, after drinking ſome warm liquors, his face was univerſally red and ſwelled, ſo that the eyes and noſtrils were

* In fœminâ viginti annos natâ a mitylis ingurgitatis nausea, calor totius corporis, præcordiorum angustia, difficilis respiratio, pulsus nimium celer, animi deliquium; totum corpus undique adeò rubrum erat, ac si panno coccineo obductum esset, membraque ità semper convellebantur ut ægra ne momentum temporis quiescere posset. Ibid. Obs. 194, a J. C. Mentzelio.

† De Affectu a Mitylorum esu, a treatise annexed to Werlhoff's Dissertation De Variolis & Anthracibus, 1735.

cloſed, the noſe being almoſt buried in the ſwelling. He was again affected with violent pain and conſtriction of the præcordia, till relieved by vomiting. In half an hour afterwards, the tumor of the face ſubſided, but eruptions, like the wheals produced by a ſtinging nettle, appeared on the breaſt and body with conſiderable irritation. These diſappeared as ſoon as a ſimilar eruption had taken place on the arms, and lower extremities. Dr. Bœhrens remarks, 1. That the eruption was moſt in front of the body, and that there was not any of it on the ſcalp. 2. That the irritation diminiſhed as the eruption approached to the extremities. 3. That there was not any increaſe of the pulſe. 4. That the eruption commenced at ſix o'clock, and diſappeared about ten o'clock. 5. That he ſlept well, and awoke refreſhed on the ſucceeding morning.

For a more extenſive account of this diſeaſe I may refer the reader to two papers in the Memoirs of the Academy of Bruſſels*.

Phyſicians

* See the Memoire, Tom. I. pag. 242, &c. by M. J. B. de Beunie, who says that muscles are only noxious in May, June, July, and August, while they feed on the spawn of the stella marina, deposited, in those months, at the mouths of rivers. M. Du Rondeau, in the succeeding volume of Memoires, controverts this opinion, and observes that muscles prove equally injurious, at every period of the year, to some individuals. According to the experience of both these gentlemen,

Phyſicians have been induced, by the circumſtances above ſtated, to conclude, that the febrile Urticaria originates, generally, from indigeſtion, or from ſubſtances of a poiſonous quality taken into the ſtomach, even though in a few caſes it may ſeem to have been produced by a ſudden check to perſpiration, without any previous internal diſorder.

Dr. Withering endeavours to account in nearly the ſame manner for the raſh in the Scarlet-fever, ſuppoſing that the acrimonious fluid ſecreted by the glands of the fauces in that diſeaſe, and received into the ſtomach, acts as "a poiſon upon the conſtitution," and "increaſes the vibratory motion of the capillary blood veſſels, by which an unuſually large quantity of blood is accumulated in thoſe veſſels, and the heart and large arteries are deprived of their cuſtomary proportion.*"

A healthy young woman, after attending a child affected with the Scarlatina anginoſa, had the fever and

gentlemen, vinegar, or the citric acid, taken internally and applied externally, ſoon relieves the perſons affected by eating muscles. M. Du Rondeau ſays the diſorder will not take place if the muscles be previously dreſſed with vinegar. He thinks the efflorescence, in this complaint, peculiar, denying its resemblance to the Scarlatina, Erysipelas, or Nettle-rash.

* On the Scarlatina anginosa, pag. 62, 70, 71.

fore-throat,

ſore-throat, in the uſual form, with an eruption on her ſkin. The eruption, however, was not like the efflo-reſcence uſually occurring in the Scarlet-fever, but re-ſembled, in every reſpect, the Nettle-raſh deſcribed above, pag. 400, and repreſented PL. XXV. Such caſes appear to favour the opinion of Dr. Withering and others, who think the exciting cauſes of Scarlatina and of the Nettle-raſh produce their effects by a ſimilar mode of operation on the human body.

Dr. Frank has related the caſe of a young man, who had an univerſal eruption of the Nettle-raſh, with a ſlight paroxyſm of fever, every day after dinner, though his diet was ſimple and moderate, and though he wholly abſtained from the uſe of ſpirituous liquors *.

At the beginning of the febrile Urticaria, it is proper to give an emetic doſe of the powder or the wine of

* Frank, tom. II. p. 107. In sanissimo ex auditoribus nostris juvene, vix a suscepto pastu, nec spirituosis liquoribus, nec pravis aut nimiis esculentis sanitati contrario, mordacissimus ac intolerabilis ad universam corporis superficiem, imprimis verò ad collum et ad faciem, pruritus ac ardor comparent, succedit calor non modicus, facies ipsa haud levi suffunditur rubore; auriumque tinnitus et capitis susurrus, cum anxietate et præcordiorum angustia per vices redeunte, superaccedunt. Pulsus naturalibus vix frequentiores inveniuntur. Mox verò phymata diversæ magnitudinis, ad superiorem juguli partem, ac propè mentum

of ipecacuanha. Antimonial preparations ſhould be avoided in this diſorder, as they often operate with great violence, and occaſion fainting. A laxative draught with rhubarb and magneſia is neceſſary, on the morning after the exhibition of the emetic, unleſs a ſpontaneous diarrhœa ſhould have ſupervened. During the fever, patients ſhould be reſtricted to a light and cooling diet, and ſhould abſtain from fermented liquors; they ſhould not continue long in heated air, nor take ſudorific medicines. When the complaint is declining, Peruvian bark, with vitriolic acid, often proves very advantageous.

I have not obſerved frequent returns of the febrile Nettle-raſh, in the ſame perſon. The following caſe of

mentum celeritate singulari propullulant, ipsumque cutis ambitum in tumorem inæqualem attollunt. Paulò seriùs ad faciem similia sed minori portùs numero prorumpunt; ad genas vero perexiguæ papulæ efflorescunt. Ad cæteras corporis partes, licet ardor ac pruritus continuent, exanthema nullum comparet: sub hoc interim rerum statu, liberiorem vix aerem petierat ægrotans, cum statim efflorescentiæ, ampliori ex fundo, assurgerent, et in latiores plagas diffunderentur; ità ut quædam ex illis, circulo ad basim ruberrimo instructa licet ad collum nucis ferè avellanæ magnitudinem adæquarent, graciliorem tamen ac pellucentem, sed verè vacuam in apicem terminarentur. Lectulus nunc petitur, et morbi, ut timebat, majoris ab ægrotante suscipitur cura; cùm, erumpente per universam cutem madore, vix unius spatio horæ, jam totus et in integrum dissiparetur.

a gentleman,

a gentleman, liable to ſuch relapſes, was tranſmitted to me ſome time ago; it is ſtated in the patient's own words, and affords a lively deſcription of his ſufferings under the complaint.—" Ever ſince the 1ſt day of January, 1788, I have been confined to my houſe, at an average, once every fortnight or three weeks with this diſorder, ſometimes for four, five, ſix, ſeven, eight, or nine days together, ſeveral times for a fortnight or three weeks. The firſt time it attacked me, I was not ſenſible of having caught any cold, nor can I attribute it to the too free uſe of inebriating liquors, as I always have avoided much drinking.

" It began with a ſickneſs at the ſtomach, flatulence, and great oppreſſion: there was afterwards an eruption of ſmall white lumps on my hips, which increaſed to the breadth of the hand, changing to a fiery red colour, attended with an inceſſant inflammation and violent itching: I was, at the ſame time, affected with nauſea, total loſs of appetite, lowneſs of ſpirits, frequent headachs, and violent pains in the breaſt, back, and loins. The raſh came out, from the top of my head to my feet, in large diſtinct lumps, which had the appearance of the inflammation cauſed by the venom of a nettle. I tried a variety of remedies without perceiving any benefit; for the complaint returned frequently, and grew, on every attack, more troubleſome. It was always

always attended with a flushing of the face, and a slight hectic fever: it likewise occasioned great costiveness, which made me have recourse to opening medicines, but a most uncomfortable circumstance attends every evacuation, namely, a violent heat and itching in the anus, the stools leaving my body almost as if boiling water came from me. I often experience the same when free from my complaint, which greatly disturbs my rest in the night, and my peace of mind by day. When the disorder abates, I feel the pains at my breast more acute, and so they continue till the rash is totally gone.

"After an interval of eight, ten, or fourteen days, the complaint returns again, often without any obvious cause. I undertook a journey, last summer, into Wales, where I continued near six weeks; but in that time I was confined on three or four different occasions. At my return, I found myself much better in health, having gained a little flesh and spirits: I had not, however, been at home more than a fortnight, before I experienced a fresh attack, and afterwards five or six others, which became more and more serious---the pain in my breast, loins, and back, being more acute than I had ever felt it, and my appetite worse, along with a continual sickness at the stomach. The rash, which never used to appear internally, now got into

my throat, ſo as to prevent, in a great meaſure, my breathing and ſwallowing: at the ſame time my tongue was ſo much ſwelled * that I could ſcarcely move it in my mouth. During the laſt ſix weeks, by the advice of my preſent phyſician, I have refrained from malt-liquors and ſpirits, and drunk nothing but butter-milk at meals, and a glaſs or two of white wine in the evening to raiſe my ſpirits. Notwithſtanding, the complaint has twice returned ſince I adopted this mode, with the uſual pains, lowneſs of ſpirits, and a debility of my whole frame, though not to ſo violent a degree as formerly. For three weeks paſt I have had a troubleſome cough in the morning, with a ſhortneſs of breathing: theſe ſymptoms are new, and may perhaps be attributed to cold.

" In the courſe of my regimen, I have found this complaint brought on by eating an oyſter, or any rich fiſh: the ſame effect is produced from being the leaſt wet in the rain, whence I am particularly on my guard againſt theſe circumſtances."

* These circumstances were confirmed by his attending physician, the late Dr. Currie. " A Dyspnea has been, at times, very troublesome, and his swallowing somewhat obstructed, owing evidently to the same affection in the œsophagus as that on the surface, producing redness and inflammation of the fauces, and once or twice much enlargement of the tongue." " His face and extremities are likewise often swelled."

This

This gentleman was only twenty-ſeven years of age: he had employed a variety of remedies without ſucceſs. Repeated bleedings, with purgatives, and anodynes, which were at firſt preſcribed for him, proved injurious. He next tried a courſe of mercury, by rubbing mercurial ointment on the inſide of his thighs, and by taking a ſmall quantity of calomel internally; but his bowels were ſo much diſordered by this plan, that he ſoon found himſelf obliged to diſcontinue it. A bath of warm ſea-water was afterwards employed for ſome time without advantage. The only relief he ever experienced was from ſtrictly adhering to a ſoft antiphlogiſtic diet, with drinks compoſed of milk and water, whey, butter-milk, &c. which, however, did not wholly prevent returns of the diſeaſe.

2. The URTICARIA EVANIDA is without fever, and without any extenſive efflorescence on the ſkin. The eruption conſiſts ſometimes of round wheals (PL. XXV. Fig. 1.) at other times of longitudinal elevations of the ſkin (W), reſembling thoſe which are produced by the ſtroke of a whip*. They are all white at the top, but in ſome there is a ſlight redneſs at the baſe. Though often hard and elevated, they do not contain a fluid, or tend to ſuppuration. They are occaſionally ſeen

* See Medical Transactions, Vol. III. pag. 174.

on every part of the body, but they are moſt numerous on parts which are cloſely covered. The eruption appears and diſappears many times in the courſe of a day and night, according to the temperature of the air, or to the exerciſe uſed by the perſon affected. It may be excited on any part of the body, in a few ſeconds, by ſtrong friction or ſcratching, but the wheals preſently ſubſide again. A violent itching, mixed with a ſenſation of tingling or ſtinging, attends the eruption. Theſe ſenſations are moſt troubleſome to patients while they undreſs, and for ſome time after they have lain down in bed, when the eruption is uſually moſt vivid.

The diſeaſe thus continues, with repeated eruptions more or leſs extenſive, for ſeveral months, or even for years*. It occurs moſt frequently in perſons of the ſanguine temperament, eſpecially in thoſe who have a delicate ſtomach and an irritable ſkin. The occaſional cauſes are heat, fatigue, watching, agitation of mind, or anxiety and a too ſtimulating diet†.

I have obſerved that females are much more liable

* "These eruptions, in some persons, last only a few days; in others, many months. I have known several complain of them for two years, with very short intervals, and some for seven or even ten years." Dr. Heberden.

† See Van Swieten's Commentar. § 723.

to

to this complaint than males. Dr. Heberden, however, remarks, " Males and females are equally liable to the Nettle-rash: and I have observed it in all ages from childhood to decrepid old age. Constitutions tainted with strumous or harassed by rheumatic and hysteric complaints, or broken down with intemperance, palsies, and age, have all been, as far as I could judge, equally fitted for the disorder; but not more so than the soundest state of health in the vigour of life, to which all other complaints were unknown."

The last observation is, I think, incorrect. Persons affected with the Urticaria evanida may be capable of business and occasional exertion, but they are often low-spirited, and they seldom remain for twenty-four hours without some bodily uneasiness, as headach, lassitude, pain and sickness at the stomach, aching in the limbs, or an oppressive languor. A young lady, apparently healthy and strong, favoured me with an account of her sufferings, and state of feeling, under this complaint*, in the following terms:—" The rash is particularly troublesome whenever I am fatigued by too much exercise, surprized by any thing, however trifling in it's nature, pleased at any event, anxious on any subject, irritated in my temper, or exposed to damp air or a cold east wind.

* She had been affected with it nearly five years: a heart-rending affliction was the primary exciting cause of the disorder.

Every

Every night, when I change my linen, the itching is intolerable, and it does not ſubſide till I am warm in bed. I am ſubject to ſevere colds in winter; while they laſt I have little or no raſh out; and, I think, on the whole I am better in health when I have moſt raſh. I often feel a ſickneſs for a few minutes before it appears, and often a weight and tightneſs acroſs the cheſt, after dinner, which cauſes a great flushing in the face: perhaps I ought to obſerve I am but a moderate eater. The appearance of the raſh varies but little. It conſiſts of long red ſtripes, that look as if I had been ſcratched, white ſpots, ſometimes ſmall, at other times large, ſo as to bear ſome reſemblance to a ſcald or burn. On taking a little white wine every day for a week, I found the eruption increaſed, and all the ſymptoms aggravated; but on returning to the uſe of red wine, I was preſently relieved. Being, two ſummers ago, at the ſea-ſide, I had very little of the raſh, and in the ſucceeding winter I began to flatter myſelf it had finally diſappeared: in this reſpect I was diſappointed. I have not any other complaint, yet I am very far from being ſtrong, and feel extremely nervous. My ſpirits, however, are not amiſs: I ſleep very well, and have a tolerable appetite."

This form of Urticaria is thought to conſiſt in a morbid irritability

irritability of the ſkin, connected with a ſimilar ſtate of the ſtomach and inteſtines. It ſeems attached to particular conſtitutions, being produced, in ſome individuals, by ſubſtances which do not make any impreſſion on others. By rubbing oatmeal on the hands and wriſts, I have known the Nettle-raſh excited in perſons otherwiſe healthy, and diffuſed over the whole body, proving very troubleſome for a length of time. The ſame effect has been produced by a ſlight application of mercurial ointment. Dr. Winterbottom ſays, "A lady of my acquaintance is affected with an eruption of this kind whenever her ſkin is touched with the common wall-flower." Pag. 66. Dr. Heberden has mentioned ſeveral ſubſtances which produce this diſorder through the medium of the ſtomach, as the wild valerian root, ſhrimps, honey, and the kernels of fruits*. Pag. 184. He thinks it may often be owing to external or mechanical cauſes, ſuch as the hair of ſtinging nettles, the down ſurrounding the pods of cowhage, the fine hairs floating near the neſts of certain inſects†, and the ſpiculæ of cantharides. When the diſeaſe con-

* A woman by eating ſtrawberries was conſtantly affected with Urticaria. Vogel's Handbuch, Vol. III. p. 277.

† Reaumur, Hiſtoire des Inſectes, Tom. II. Mem. 4.

tinues

tinues long without the application of external ſtimuli, we ſhall, in many caſes, find it owing to ſome article in diet, which diſturbs digeſtion. I have deſired ſeveral perſons affected with chronic Urticaria to omit firſt one, and then another accuſtomed article of food or drink, and have thus been frequently able to trace the cauſe of the ſymptoms. This appeared to be very different in different perſons. In ſome it was malt liquor; in others, ſpirit, or ſpirit and water; in ſome white wine, in others, vinegar; in ſome fruit, in others ſugar; in ſome fiſh, in others unprepared vegetables. I muſt, however, confeſs that ſeveral caſes have occurred to me, where a total alteration of diet did not produce the leaſt alleviation of the complaint. In ſuch caſes I have employed a variety of medicines, but have found the vitriolic and marine acids, with magneſia, rhubarb, or other laxatives, given occaſionally, the moſt ſucceſsful remedies. Lotions made with brandy, vinegar, ſaline compounds, &c. cannot be applied extenſively enough to produce any conſiderable effect. Baths, eſpecially warm baths*, are neceſſary for the alleviation of a diſ-

* See Amat. Lusitan, Cent. I. Curat. 15. De Menstr. suppressione, et exanthematibus per totum corpus erumpentibus. He cured his patient, a young lady, by a bath made of the decoction of red roses, myrtle, tamarisk, and balaustines, with wormwood, but he had previously bled her four times in different veins, and given strong purgatives. He encourages us to let two pints and a half of blood in all similar cases.

eaſe,

eaſe, which affects nearly the whole ſkin. Sea-bathing will be generally found advantageous by thoſe who perſevere in the uſe of it for three or four ſucceſſive months. A bath, prepared by diſſolving marine ſalt in water, is not equally efficacious; in ſome perſons it manifeſtly aggravates the diſorder.

3. URTICARIA PERSTANS. In ſome caſes of Urticaria, the wheals are ſtationary, and the redneſs, which at firſt ſurrounds them, gradually diſappears. The eruption is attended with itching, eſpecially when the perſon affected becomes warm in bed, or is heated by exerciſe. It does not extend over the body, but appears chiefly on the arms, breaſt, and thighs: it's duration is two or three weeks. Pain and ſickneſs at the ſtomach ſometimes precede the eruption. When it is about to terminate, the wheals become flat at the top, and then gradually ſubſide, leaving a reddiſh ſpot, not always ſcurfy, which continues for ſeveral days. This complaint is relieved by the mode of treatment recommended in the foregoing ſpecies of Urticaria. Moderate doſes of the aqua kali puri ſeemed, in ſome inſtances, to ſhorten the period of eruption.

4. In the URTICARIA CONFERTA, the eruption is full, and extenſively diffuſed. As the wheals in many

places coaleſce, or are inc nted by cloſe contact, they have very irregular forms: when they are ſingly conſidered, however, the ſize and elevation of them is perhaps leſs than in any other ſpecies of Urticaria. They are ſometimes conſiderably inflamed at the baſe, and they produce an almoſt inceſſant itching, combined, eſpecially at night, with a ſenſation of heat, and pricking or tingling. The eruption ſpreads over the arms, neck, back, and thighs, and often continues many weeks. It appears chiefly in perſons who have a dry and ſwarthy ſkin, and who are above forty years of age. I have ſeen it, in ſome, connected with pain and ſickneſs at the ſtomach, in others with head-ach or vertigo. The occaſional cauſes ſeem to be, too much exerciſe, expoſure to heat, rich or highly-ſeaſoned food, and the intemperate uſe of ſpirituous liquors.

Thoſe who are affected with this complaint, ſhould obſerve a light cooling diet, and ſhould abſtain from malt-liquor, white wines, and ſpirits. Alterative medicines or tonics are ſometimes uſeful with this plan of diet, but without it they afford little alleviation. Warm bathing affords a temporary relief. In one caſe a cure was obtained by rubbing all the parts affected with unguentum calcis hydrargyri albæ.

5. In the URTICARIA SUBCUTANEA, the eruption occurs

occurs at diſtant periods, and continues only a few days at each return; but the patient is haraſſed during the intervals, as well as during the eruptions, with a violent and almoſt conſtant tingling in the ſkin, and with other diſtreſſing ſymptoms. The complaint is, at firſt, confined to one ſpot, on the leg or arm, and commences there with a ſenſation of tingling or ſtinging, which is afterwards felt more and more extenſively, along the limbs, or perhaps over nearly the whole ſurface of the body. Sudden changes in the temperature of the air, and agitation of mind, occaſion increaſed uneaſineſs in the ſkin, ſo that pains are ſometimes felt as from a ſharp inſtrument penetrating in different directions, at other times, as from needles piercing or puſhing the ſkin upwards. There is uſually a ſtiffneſs and ſlight torpor in the muſcles of the parts moſt affected. An appearance of wheals, as deſcribed page 397, takes place on the arms, cheſt, or lower extremities, from time to time, eſpecially during the ſummer. This eruption continues two or three days; it does not effect any change in the other ſymptoms or ſenſations mentioned, but it ſeems to indicate that they may be properly arranged under the genus Urticaria.

Perſons affected with the above ſymptoms are liable to frequent returns of ſevere pain in the ſtomach, and to cramps in the muſcles of the lower extremities: they

ſeldom have any ſenſible perſpiration. In moſt of the caſes which I have ſeen or known, the complaint was partial, affecting only the loins and thighs, or ſometimes the arms. It uſually proves tedious and obſtinate; but it may be relieved by gentle friction, and by the repeated uſe of baths of warm ſea-water.

A lady (Mrs. Allen) of Milbank Row, Weſtminſter, who has laboured under this diſeaſe for a ſeries of years, favoured me with a written ſtatement of her ſufferings, from which I will make ſome quotations.

She ſays, "About a fortnight after my recovery from an autumnal fever, at the age of twenty-two, I felt in walking a pain in one ancle ſimilar to that from the ſting of a nettle. Four days afterwards I felt a ſimilar uneaſineſs in the other ancle. The ſenſation of ſtinging and tingling, attended with a weakneſs of both ancles, continued till the ſpring, when I had the Bath waters applied by bathing and pumping. From this plan I did not obtain any advantage, and was therefore recommended, during the ſummer, to bathe in the ſea. Exerciſe and the bathing preſently removed the weakneſs of the ancles; but the ſenſation of pricking, tingling, and ſtinging remained in them as before, and, in the courſe of the ſummer, gradually extended to the legs, inſteps, and toes. Two years afterwards, my ſpirits being much affected in conſequence

quence of the death of a darling brother in the Eaſt Indies, I felt the ſtinging on other parts of the body, but particularly round the loins and back; it has continued ever ſince, and I have been more diſtreſſed with it there than in any other ſituation. This part of my complaint has been attended with ſtiffneſs of the muſcles round the hips, and pain in the ſmall of the back, ſo that I could not take much exerciſe. I never had any ſtiffneſs or cramps of the arms and legs. An eruption like that from the ſting of a nettle, with large wheals as from the ſtroke of a whip, I have had, over the whole body, three times in twenty years. A ſlight or partial appearance of this kind, has occurred very frequently, and at all times of the year: the three very extenſive eruptions were in the ſummer ſeaſon, but none of them continued more than three days. At the age of twenty-ſeven, I experienced great pain and difficulty in making water, which was referred to a tumor at the neck of the bladder. This complaint gradually yielded under proper medical treatment. Some time afterwards (in the year 1780), I was ſeized with a diſorder of the bowels, which continued ſo long, that it very much reduced me. It was removed by a ſoft vegetable diet; but I had frequent fits of the colic for ſeveral years afterwards. None of the above complaints ſeemed to have any connection with the diſeaſe in the ſkin, which remained unaltered. In 1788, I was

ſuddenly affected with a violent pain in the ſide, near the ſpine. It continued ſix months, notwithſtanding the uſe of the Bath waters, and of a warm ſea-water bath, &c. but was at laſt cured by an iſſue. In March 1790, I felt my ſtomach much diſordered, had frequent nauſea, heart-burns, acid eructations, and an offenſive taſte in the mouth after eating. By taking rhubarb, and occaſional emetics, I enjoyed intervals of eaſe, without wholly removing the diſorder. It increaſed during the ſummer of 1791, and before the end of that year became ſo violent that I could not retain any ſort of food on my ſtomach. Though much weakened and emaciated, I was free from pain and fever: I ſlept well, and could eat again almoſt immediately after the vomitings. As the complaint of the ſtomach became violent, I perceived that the ſtinging and pricking in the ſkin abated. Thoſe ſenſations at length entirely ceaſed, which circumſtance contributed to put me in good ſpirits, and enabled me to bear more patiently my other ſufferings. The remedies preſcribed for me during this state, did not afford much relief. At the beginning of ſummer, in 1792, I was one morning affected with more violent vomitings than any I had before experienced. When they ceaſed, I felt my ſtomach remarkably eaſy, and on the two following days I was ſo much relieved, that for the firſt time, after a long confinement, I went out

in

in a carriage to ſee a particular friend. While in her houſe, and on my return from it, I was again ſenſible of the ſtinging and pricking under the ſkin. This continued to increaſe for two or three days, when the ſickneſs and diſagreeable taſte as of rottenneſs entirely left me. I was ſoon able to eat and drink any thing, and ſeemed internally well, but I found, in addition to the outward complaint, a pain in the ſide equal to that from which I had before ſuffered ſo much. A ſeton was applied with relief. Electricity, tar-water, decoctions of ſarſaparilla and elm-bark, ſulphur powders, prepared chalk, alcali, and other remedies preſcribed by different phyſicians, were afterwards employed; they did not, however, effect any alteration in the complaint under the ſkin. I ſpent the ſummer of 1793 at Harrogate, but the ſulphur water diſagreed with my ſtomach, and diſordered me ſo much that I was obliged to deſiſt from the uſe of it. I was likewiſe obliged to ceaſe taking the medicine recommended by yourſelf * in 1795, for it ſuddenly and violently affected the ſtomach before the effect you expected was fully attained. During the laſt ten years I have not taken any active medicine, nor have had any internal complaint deſerving of notice. Time has not dimi-

* The remedy was the nitric acid. R. W.

niſhed,

niſhed, but rather adds to the ſharpneſs of the ſtings, and the ſenſation of prickling, which are exceſſively painful about the loins, and ſeem to be connected with an increaſing rigidity of the muſcles in the ſmall of the back. Theſe ſymptoms have, therefore, continued to affect me from the age of 22 to that of 60, with but one conſiderable remiſſion, purchaſed by another mode of ſuffering."

"30th Oct. 1806."

6. In the URTICARIA TUBEROSA many of the wheals increaſe to a large ſize, forming hard tuberoſities, which ſeem to extend deeply into the muſcular fleſh, and occaſion a contraction in the ſinews, with total inability of motion, and a ſenſation of pain in the bones. Theſe tumors are uſually whitiſh at their tops: they riſe on the arms, thighs, loins, and calf of the leg, and are very hot and painful for ſeveral hours. The eruption, in all caſes under my obſervation, took place at night, and before morning it wholly diſappeared, leaving the patient weak, languid, and ſore, as if he had been bruiſed, or had undergone much fatigue.

The Urticaria tuberoſa often proves tedious and obſtinate; I have known it continue, as above deſcribed, upwards

upwards of two years, with but a few ſhort intervals. The only cauſes to which it could with probability be attributed, in the inſtances preſented to me, were irregularities in diet, violent exerciſe taken by perſons uſually ſedentary, and the too free uſe of ſpirituous liquors.

I have adopted Dr. Frank's denomination of this complaint, and will ſubjoin one of his caſes, which, however, differs in ſome particulars from the above ſtatement. Adoleſcens viginti annorum, crapulis non parùm deditus, a prandio corripitur nauſeâ et vertigine tenebricoſâ. Intumeſcit mox, rubroque colore ſuffunditur facies; tumores verò palmæ latitudinem habentes, et colore rubro ſed obſcuro inſtructi, cum pruritu ad animi deliquium uſque intolerabili, univerſam corporis, ſed femorum in primis, ſuperficiem occupare cernuntur. Accedit horror, ac demùm rigor, extremitates potiſſimùm inferiores violenter concutiens, ſub quo exanthemata in altas, et ſuperficiem longè ac latè ſuperantes, ſeu informes offas, increſcunt. Pulſus nunc duri et pleni obſervantur, mortiſque ægrotantem conſternit formido. Ad noctem, ſubſequitur calor, ſub quo vix formati ad cutem tumores imminuuntur, ac tandèm, reliquo tamen ad vultum rubore ac univerſali pruritu, penitùs evaneſcunt. Aſt verò

eorumdem mox locum exanthema aſperrimum, digitoſque ſub attactu vix non offendens, miliaribus ferè ſimile, ſed nigro ad apicem puncto inſignitum ac pellucidum, ſubintrat. Hoc facto, imminuitur anxietas, oriſque ſumma comparet amarities. Die morbi ſecundâ, purgante alvus medicinâ laxatur, quâ occaſione, ægroto lectum cum frigidiore aurâ commutante, poſterius hoc exanthema iterùm diſparet, ac primi denuò ad cutem revertuntur tumores. Alterna hæc exanthematis effloreſcentia eodem per ſex dies tenore continuatur, quo tempore, ſectâ adinterim venâ, et antiphlogiſticis et evacuantibus ægrotanti porrectis remediis, ægritudo diſparuit omnis. Frank de cur. homin. morb. Tom. II. p. 108.

Hippocrates, Galen, and Aëtius*, have only mentioned the appearance of wheals as ſymptomatic in bilious

* Hippocrates ſpeaks of "Exanthemata, resembling gnat-bites, or bug-bites," Epidem. Lib. V. & L. VII. and Galen. Comment.—"of large, or broad, less itching, Exanthemata," Aph. 9. Sect. VI. and of πομφοι ὡς απο κνιδης: De Morb. Mul. Lib. II. Compare Actuar. Med. L. II. cap. 23. and Celsus De Medicin. Lib. V. cap. 28, &c. &c. Aëtius has been more particular, in a chapter on the different kinds of Exanthemata which take place in fevers. Tetrab. II. Serm. I. cap. 129. Herodoti. This is the famous chapter in which some physicians have been ingenious enough to find a complete history of the Small-pox. Aëtius gives from Herodotus the following account of the ſymptomatic Nettle-rash in ardent fevers:

Τιγνίλλα

lious fevers, and other acute diſeaſes. J. F. Serapion*, and Alſaharavius†, ſeem to comprize the Nettle-raſh with the Prurigo, the Lichen, and the Roſeola, under the title Eſſera. Avicenna's account of the Benat Alleili‡ (daughters of the night) ſeems applicable to the Nettle-raſh. He ſays, "When any one has a ſtoppage of the pores, but with good digeſtion, he is often affected, in the cool of the night, with itching, roughneſs of the skin, and ſmall eruptions (bothor, wheals or papulæ), which are called Benat Alleili. The cause

Γιγνεται δε ποτε εξανθηματα μεγαλα, κατα χροιαν λευκα, κνησμον ολιγον επιφεροντα, πλεοναζοντα εν τε μηροις, και γλουτοις, πλευραις τε και επιγαστριοις, ως επι το πλειστον· την δε καταρχην εκ πολλης και αργης ύλης λαμβανει· ταυτα δε συνθεραπευεται τω παντι σωματι, ουδε γαρ παυ τι χαλεπην υπογραφει νοσον, ει τη ολιγοσιτια χρησηται. Γιγνομενων δε των καλα ταυτα πυρετων εγκαυσιτικων, επιληθειως εχουσι προς τας εν ταις ακμαις των επισημασιων ψυχροδοσιας, ακμασαντος τε νοσηματος, ει μη τα σπλαγχνα ευπαθη εχοιεν. Aldus, 1534.

* Breviar, Lib. V. cap. 5.

† Pract. Tr. XXXI. cap. 8. Compara Avicenna, Lib. IV. page 116.

‡ Lib. IV. Fen. vii. Tract. iii. cap. 10. "The translator of Avicenna denominates this complaint Nebat alleili, plants of the night; but my Arabic copy acknowledges only the reading Benat alléili, daughters or offspring of the night, a mode of expression usual in the Arabic and Syrian languages. I may here observe, that the Latin translation of Avicenna, published in 1608, seems to have been made from a copy less correct than the edition of his works printed at Rome in the year 1593." Dr. Robert Jackson.

of it is obſtructed perſpiration, from a want of permeability in the ſkin, increaſed by the condenſing operation of cold air at night, when the digeſtive proceſs is moſt active, and when perſpiration ſhould therefore be moſt copious. In this diſeaſe, the itching is violent: it affords, at firſt, a ſenſation of pleaſure, but this is ſoon ſucceeded by ſevere pains in the parts affected."

The Neapolitan phyſician, Ingraſſia, appears to be the only medical writer, for four or five centuries after the time of Avicenna, who has ſuggeſted any thing new on the ſubject of Urticaria*.

* Firmiter tenemus Arabas præscripto nomine (Esseras) eum affectum intelligere, quem nos in Siciliâ vulgò dicimus Scotulum, nonnulli verò pilum cervinum.—Florentiæ (ut Nicolaus ait) Artetica ab idiotis, vocatur, quin, communissimâ nostrorum omnium idiomatum comparatione, fabescere corpus dicimus, vulgò farse fave, quippe tuberculis fabarum sæpenumerò magnitudine paullòve majoribus, aut minoribus, universum corpus, quasi ex improviso nonnunquam, præcipuè in æstate, circumvenitur, perindè ac si a vespis undique demorsus esset, vel sæviori quâvis urticâ perfrictæ carnes ejus extitissent. Qui quidem affectus ex biliosi sanguinis fervore, magnâ ex parte, advenire consuevit, &c. &c. De Tum: præt: nat: pag. 188.

ORDER

ORDER III.

IV. ROSEOLA.

By this title I mean to expreſs a roſe-coloured efflorescence, variouſly figured, without wheals or papulæ, and not contagious. The Roſeola* can ſcarcely be conſidered as idiopathic, but though connected with different fevers, and perhaps with different ſtates of the conſtitution, it requires notice in an arrangement of cutaneous appearances. I will, therefore, deſcribe it's principal varieties under the denominations, Roſeola æſtiva, Roſeola autumnalis, Roſeola annulata, Roſeola infantilis, Roſeola varioloſa, Roſeola vaccina, Roſeola miliaris.

1. The Roseola æstiva is ſometimes preceded by chilline ſs alternating with fluſhes of heat, by ſlight pains in the head and limbs, faintneſs, laſſitude, reſtleſſneſs,

* I use this term arbitrarily. A few writers have employed it instead of Rossalia (pag. 289.) which denotes the Scarlatina. The Roseola mentioned by Severinus, Lib. VII. De reconditâ abcessorum naturâ, is left indefinite. Quæst. V.

and

and incapacity of close attention. The rash appears on the third, fourth, fifth, sixth, or seventh day after the commencement of these symptoms. It is distributed first on the face and neck, and afterwards, in the course of a day or two, over the whole body. The form of the rash, and the mode of it's distribution, which cannot be well described in words, is represented PL. XXVI. Fig. 1. On examination, the patches generally will be found larger and more irregular than in the Measles. They are at first red, but they soon assume the deep roseate hue peculiar to this complaint. The fauces are tinged with the same colour, and a slight roughness, or enlargement of the tonsils, is felt in swallowing. The efflorescence usually appears first in the evening or night, and continues vivid through the following day. It produces a considerable degree of itching and tingling, especially on the arms. On the fourth day, only slight specks, of a dark red colour, are perceptible: these wholly disappear on the fifth day, and with them the internal disorder.

Such, in particular instances, is the uniform course of the Roseola. In many cases, however, the rash is partial, affecting only the face, neck, and shoulders. It is more especially diffused over the forehead, along the spine of the lower jaw, on the upper part of the breast and shoulders, and round the neck, in patches slightly

ſlightly raiſed above the ſurface. The cheeks are tumefied and fluſhed with a dark red colour. A conſiderable itching is felt in the parts affected. The duration of the complaint, in this form, is at leaſt a week, the raſh appearing and diſappearing ſeveral times within that period. It's retroceſſion is uſually attended with nauſea, pain in the ſtomach, headach, and faintneſs. Theſe ſymptoms are immediately relieved when the eruption appears again: it ſometimes returns without any apparent cauſe, at other times, in conſequence of ſudden emotions, or from taking wine, aromatics, warm liquors, &c.

The Roſeola, as above deſcribed, usually occurs in ſummer, and affects women of an irritable conſtitution. The occaſional cauſes of it are, fatigue, ſudden alternations of heat and cold, or the drinking of very cold water after ſtrong exercise: it was referred by one lady, whom I attended, to her having ſlept in a damp bed. I have obſerved this efflorescence in perſons affected with dyſenteric complaints, or other diſorders of the bowels, in the months of July and Auguſt.

The Roſeola æſtiva, on the firſt day of eruption, is often miſtaken for the Meaſles, but it's colour, and the mode of it's diſtribution, with the concomitant ſymptoms on the ſecond day, muſt remove every doubt from

from the mind of an attentive practitioner. All practitioners, however, are not ſufficiently attentive, ſo that a further miſtake has been ſometimes made by confounding the Roſeola æſtiva with Scarlatina. I recollect an inſtance of this in the caſe of a child, who was affected with an extenſive efflorescence, about midſummer, for ſeveral ſucceſſive years. The attending phyſician informed the parents that the Scarlet fever had recurred, in their child, ſeven times.

We ſhall generally find the ſymptoms connected with the Roſeola æſtiva alleviated by moderate diet, and by the uſe of acidulated drinks, with occaſional laxatives. The complaint is only dangerous when, in conſequence of expoſure to very chill air or of the application of cold water, the eruption has been ſuddenly repelled, and violent diſorder has taken place in the head, ſtomach, or bowels, of the patient, as happens, under ſimilar circumſtances, in other eruptive diſeaſes: page 20, 221, &c.

2. Roseola autumnalis. I have frequently ſeen children from five to ten years of age, affected with this complaint in autumn. Diſtinct patches of efflorescence appear in the ſkin without occaſioning any elevation of the cuticle. They have an oval, or nearly circular ſhape, and they gradually increaſe to about

about the ſize of a ſhilling. Their hue is very dark, ſo that, at a diſtance, the ſkin appears as if ſtained with the juice of black cherries or mulberries, (See PL. XXVI. Fig. 2.). The eruption is not accompanied with much itching or tingling, nor is there any ſymptom of general diſorder, except a whiteneſs of the tongue. The dark roſe-coloured patches are uſually diffuſed over the arms, ſeldom on the face and body: they diſappear in about a week, being ſometimes, but not always, ſucceeded by deſquamation*.

This complaint is generally removed in a ſhort time by the exhibition of the vitriolic acid internally.

3. The ROSEOLA ANNULATA appears in roſe-coloured rings, with central areas of the uſual colour of the ſkin. On the firſt and ſecond days of this efflorescence, the rings are minute like thoſe marked A.A. in PL. XXVII. Fig. 1. but they afterwards gradually dilate, and form larger central ſpaces, in the order marked B. B. C. C. and E.—I have ſometimes ſeen them nearly half an inch in diameter. The eruption takes place on almoſt every part of the ſurface of the body, and produces, eſpecially at night, a ſenſation

* M. A. Severinus, pag. 137, mentions Roseolas colore livescente et opaco.—Sauvages probably comprizes the Roseola autumnalis, and some other forms of Roseola, under the genera, Psydracium, and Essera.

of heat, and of itching, or prickling: It appears likewiſe to affect the throat. It's duration is very uncertain*: in ſome caſes, it commences with ſhiverings, ſucceeded by heat, and is attended with head-ach, fluſhing of the face, ſickneſs at the ſtomach, and pains in the limbs: it then continues four or five days, and diſappears as the febrile ſymptoms decline. In other caſes, which are without fever, the complaint is of long duration: the efflorescence uſually fades in the morning, and returns in the evening or night, the rings becoming vivid, and ſometimes a little elevated. Should the rings diſappear, or be very faint in colour for ſeveral ſucceſſive days, the patient is affected with pain in the ſtomach, ſickneſs, vomiting of bile, great languor, giddineſs, and aching in the limbs. Theſe ſymptoms are alleviated, or removed, by the uſe of the warm bath, after which, the efflorescence generally returns. I have ſeen much advantage derived, in this complaint, from ſea-bathing, and from ſome of the mineral acids taken internally.

A ſingular caſe of the Roſeola annulata was preſented to my obſervation, in June, 1805, through Dr. W. Currie of Cheſter, from whom I have ſince received the following particulars. "The eruption on Mrs. —— has always appeared in the circular form, and affected every part of the ſkin, being attended

* Two, three, or four months in different cases.

with

with heat and a very troubleſome itching. It came on every night as ſoon as ſhe was warm in bed, and continued to torment her till morning; but it conſtantly left her on getting out of bed and dreſſing herſelf. She was only affected with it, in the day, by expoſing herſelf to great heat, or by going into crowded rooms. —This diſorder began in the month of March, 1804: it increaſed during the ſummer, but when the cold weather of autumn ſet in, it's violence gradually abated, and, about the beginning of October, it diſappeared. She remained free from eruption through the whole winter. In March 1805, it again made it's appearance, and continued, as in the former year, to torment her during the ſummer, but diſappeared, as before, in the firſt week of October. The eruption returned laſt March (1806), and proceeded, as uſual, in the early part of the ſummer: it diſappeared, however, in July, ſince which time ſhe has been wholly free from it, and has enjoyed perfect health." "The vernal attacks of this complaint were preceded by diarrhœa, with pain and griping in the bowels. She eats moderately of plain food, has a good appetite, and never experienced ſymptoms of indigeſtion. Her drink, at meals, is water, with one or two glaſſes of wine. She is of a gouty family, and was, ſome years ago, ſubject to repeated and ſevere pains in the ſtomach, and to violent head-achs; but theſe complaints do not ſeem to have been connected with the

eruption. Perhaps ſome irritation in the bowels was the original exciting cauſe of the effloreſcence, which might be afterwards ſupported by the ſtimulus of heat.

"According to my patient's account, a bath of moderate temperature was the only remedy productive of benefit, and that benefit, ſhe ſays, was but temporary. If another ſimilar caſe ſhould occur to me, I would make trial of a tepid or perhaps a cold bath, with gentle laxatives, and ſmall doſes of the Aqua Kali puri, in lime-water."

In two females, whom I attended, this complaint was connected with an irregular ſtate of the Catamenia. In a man between 40 and 50 years of age, the eruption twice ſucceeded to a ſevere fit of the Gout, and continued ſome weeks.—An effloreſcence, ſimilar to the Roſeola annulata, occaſionally precedes the eruption of puſtules, or the formation of ſcaly patches, in the Venereal diſeaſe, as was formerly noticed under the article Pſoriasis gyrata. No material difficulty in medical practice will occur from this circumſtance, which is connected with, or immediately ſucceeded by ſome of the characteriſtics of Syphilis.

4. Roseola infantilis. Infants, during dentition, and in fevers, or in diſorders of the bowels, are often

affected with a raſh, ſimilar to that exhibited PL. XXVI. Fig. 1. but uſually cloſer and fuller, ſo as to leave very ſmall interſtices, PL. XXVII. Fig. 2. This efflorescence continues, in ſome caſes, for a night; in other caſes, it appears and diſappears for ſeveral ſucceſſive days, being attended with ſymptoms of violent irritation. I have ſeen, even in infants but a few days old, an efflorescence on different parts, in numerous coaleſcing patches, rounded, though not exactly circular, of about the ſize of a ſixpence, and of a ſtrong red colour. Theſe continue five, ſix, or eight days, with a ſlight elevation of the cuticle, and terminate by deſquamation. They are not always attended with diſorder of the conſtitution*.—There appears occaſionally during the firſt ſtage of dentition, a ſingle patch of efflorescence on one arm, or neck†. It remains three

* "Infants, as early as the second or third day after birth, are sometimes covered over with a red rash, in small patches raised a little above the skin, and very much resembling the Measles. The rash continues out two days, turns brown on the third, and goes off with a slight desquamation: it is not accompanied with catarrhal symptoms, nor with any apparent disorder of the constitution."

"This efflorescence differs from that you have described: I never saw it continue longer than till the third day."

Dr. John Sims.

† Roseolas intelligo bifariàm,—vel quod rosarum imaginem præ se ferunt, vel quod rosidas quasdam inspersiones repræsentant. Severin. de Roseolis saltantibus, pag. 133.—Roseolæ cutem supremam lambentes, et efflorescentes, macularum modo, &c. pag 137.

or

or four days, then diſappears, and is in a ſhort time ſucceeded by another, perhaps on the oppoſite arm. This fades and diſappears in about the ſame period, when a freſh patch riſes in another place. The eruption is thus continued for two or three weeks.

We muſt arrange under the article Roſeola, two forms of Raſh, noticed in infants by Dr. Underwood*, "The one," he ſays, "ſlight, and preceded by ſickneſs at the ſtomach, but without fever,—the other extended in larger patches, and preceded by ſickneſs, purging, pain, and a little fever, the whole ſubſiding on the appearance of the Raſh, which therefore ſeemed to be critical, or at leaſt, like ſome other eruptions, conſecutive to convaleſcence."

Theſe appearances, as Dr. U. has obſerved, are often miſtaken for the Meaſles and Scarlatina. They ſhould on that account be well known to medical practitioners, although they do not require a ſpecific mode of treatment, but uſually diſappear on the uſe of remedies calculated to alleviate painful dentition, or thoſe diſorders of the bowels, with which the Roſeola is ſo frequently connected.

5. The Roseola variolosa occurs during the eruptive fever of both the natural and inoculated Small-

* Treatise on the Diseases of Children, Vol. I. pag. 87-9.

pox.

pox. It appears in about one caſe of fifteen*, in the inoculated Small-pox, on the ſecond day of the eruptive fever, which is generally the ninth or tenth after inoculation. The efflorescence is firſt obſervable on the arms, breaſt, and face: on the following day, it extends over the trunk of the body and the extremities. In ſome caſes it ſpreads into contiguous arches, as repreſented PL. XXVIII. Fig. 1. in others, it is in longitudinal, irregular patches, Fig. 2. with ſmall diſtinct dots in-

* In 346 patients inoculated with Variolous matter, at the Small-pox Hospital, between the 7th of October and the 28th of December, 1806, an efflorescence took place, and continued two or three days, as follows:

In	4	on the 8th and 9th days.
	3	8th, 9th, and 10th.
	6	9th and 10th.
	1	9th, 10th, and 11th.
	2	9th, 10th 11th, and 12th.
	1	10th, 11th, and 12th.
	5	10th and 11th.
	1	15th and 16th.

23 in 346, or 1 in 15 nearly.

In the last case, the rash appeared on the third day of the Variolous eruption, being perhaps the effect of dentition.

Mr. Wachsel, the Resident at the Hospital, who favoured me with the above table, thinks the Variolous eruption may be generally distinguished, in minute pimples among the patches of efflorescence, at it's first appearance.

termixed,

termixed, B. B. B. and, in a few caſes, all theſe appearances being combined, it forms an almoſt continuous redneſs over the body. Several parts of the raſh are a little elevated above the ſurface, as in the Meaſles; pag. 218.

On the ſecond or third day of the efflorescence, diſtinct Variolous puſtules, containing a little fluid, may be diſtinguiſhed in the general redneſs by their rounded elevation, by their hardneſs, and by the whiteneſs of their tops; S. S. S. Fig. 1. The raſh then begins to decline, and we ſeldom find any veſtiges of it on the fourth day.

The Roſeola varioloſa is accounted by inoculators a certain prognoſtic of a ſmall and favourable eruption of the Small-pox. It takes place chiefly in perſons who have a delicate ſtomach, and an irritable ſkin. Thus Baron Dimſdale obſerves, if "a raſh of this kind happen during the preparation, (by mercurial and antimonial medicines) it is apt to return at the time of the eruption of the Small-pox."

He ſays further, "If it ſhews itſelf on the ſkin partially, and here and there, it is not very alarming, and ſoon wears off. But ſometimes the whole ſurface of the ſkin is covered with a raſh intimately mixed with the

the Variolous eruption, and ſo much reſembling the moſt malignant kind of confluent Small-pox, as ſcarcely to be diſtinguiſhed from it; and, indeed, ſome caſes of this ſort have happened, where, being accompanied with petechiæ and livid ſpots, I have been much alarmed..... The real and eſſential difference is to be gathered from the concomitant ſymptoms. In the eryſipelatous or variolous raſh, there is not ſo much fever, nor is the reſtleſſneſs, or pain of the head or loins, ſo conſiderable, neither is there that general proſtration of ſtrength, which are almoſt never-failing attendants on a confluent Small-pox, eſpecially when accompanied with ſuch putrid appearances. Beſides, upon a careful examination, there may ſometimes be a few diſtinct puſtules, larger than the reſt, mixed with the Raſh, which are indeed the real Small-pox.—After two or three days, the ſkin from a florid changes to a duſky colour, a few puſtules remain, which advance properly to maturation, without any further trouble enſuing from this formidable appearance*".

Inoculators, about the middle of the laſt century, being apprehenſive of the retroceſſion or repulſion of the Roſeola varioloſa, confined perſons affected with

* Present Method of inoculating for the Small-pox, pag. 44-5, fifth edit. 1769.

it to bed, and preſcribed ſudorific medicines. By this practice, the efflorescence was prolonged, but the ſucceeding eruption of ſmall-pox is ſaid to have been generally favourable*. Baron Dimsdale adviſes that "patients, during the efflorescence, ſhould refrain from cold water, or any thing cold, and ſhould keep within doors, but not go to bed." "If any ſickneſs yet remains," he ſays, "a little white-wine whey, or other cordial ſhould be given."—This raſh, ſo far as I have obſerved, is not eaſily repelled either by drinking cold liquors, or by expoſure to cold air. I have ſeen children, who were covered with it, taken out during ſevere weather, and kept in the open air for ſeveral hours, without the leaſt detriment. At the Inoculation Hoſpital, perſons affected with the Roſeola varioloſa walk about the garden daily, take purgatives, and are treated in every reſpect like the other patients. Out-patients, with the raſh upon them, are likewiſe conveyed thither, on the days of attendance, in all ſeaſons of the year, without inconvenience.

In a child inoculated by Mr. Wachsel, the Variolous Fever, and the efflorescence, took place at the uſual time, without any eruption of puſtules. Mr. W. fa-

* Account of the Preparation and Management necessary to Inoculation; by James Burges, 1754, pag. 24.—Compare Kirkpatrick's Analysis, pag. 335.

voured

voured me with the following particulars relative to this caſe: "The child was inoculated with ſmall-pox matter, September 2d, 1805. On the 11th, ſhe was indiſpoſed, and the inoculated part was ſurrounded with ſmall confluent puſtules. The raſh appeared on the 13th of September, and gradually extended over the body*. She was very feveriſh in the night of the 13th, and throughout the following day. The raſh continued ſtrong till the 17th; it declined on the 18th and 19th, and diſappeared on the 20th of September. This girl has not ſince taken the Small-pox."—From theſe and other ſimilar obſervations, we may infer, that in many of the inſtances where perſons have been ſuppoſed incapable of receiving the variolous infection†, the diſeaſe had actually taken place, though not in it's uſual form.

In the natural Small-pox, I have occaſionally obſerved an appearance of the Roſeola varioloſa, (PL. XXVIII. Fig. 1.) on the third or fourth day, with ſlight fever, and with a ſmall and favourable eruption of puſtules; but I am informed by thoſe who muſt have had better opportunities of obſerving than myſelf, that this appearance is much more rare in the natural

* This efflorescence nearly resembled that represented PL. XXVIII. Fig. 2.

† See Woodville, on Inoculation.

than in the inoculated Small-pox.—When an univerſal efflorescence of a dark red colour takes place, with a violent eruptive fever, immediately before the Variolous puſtules*, we have reaſon to expect a confluent eruption, and a fatal termination of the diſeaſe†.

The

* Variolæ confluentes nunc Erysipelatis ritu, nunc Morbillorum, erumpunt, a quibus, non nisi a medico in his morbis versatissimo, distinguuntur, saltem quoad faciem externam. Sydenham, pag. 99.

Universa cutis, in instanti quasi, rubedine saturatâ et profundâ perfusa, erysipelatosi tumoris ad instar, (maculis nigris hic illic interspersis) cum æquali superficie quadantenùs crassescit; quam quidem erysipelatosam rubedinem cutis per triduum eruptionis integrum retinet. Morton De Variolis, pag. 169 and 451. Compare Burserius, Instit. Med. Pract. vol. II. pag. 195.

"In every bad kind of Small-pox, the eruption is ushered in by a Scarlet Rash, which appears first upon the face, neck, and breast; and sometimes spreads over the whole body. It is observed some part of the second day, and within twelve hours, sooner or later, the pimples rise from these inflamed parts of the skin." Dr. Robert Walker's Inquiry into the Small-pox, &c. pag. 132. Edinburgh, 1790.

† Efflorescentia confluens, et ubique rubedine saturatâ, more febris scarlatinæ vel erysipelatosæ, universam ferè cutim perfundens, cum petechiis intermixtis, mortem ultrà secundum maturationis diem, nullâ medicorum arte posse protelari significat. Morton, pag. 186.

Cas. 36. Efflorescentia plana, continua, sublurida, die 2do.

Cas. 37. Tota facies efflorescentiâ coccineâ æquali perfundebatur, die 2do.

Cas. 38. Efflorescentia æqualis, continua, atque intensè rubra, sine pustulis notabilibus, die 3tio.

Cas.

The ſcattered efflореſcence, which attends the eruption of the Small-pox, after inoculation, and which appears in ſome caſes of the diſtinct natural Small-pox, has, by ſeveral medical authors and practitioners, been conſidered as a coincidence of the Meaſles and Small-pox, in which the latter overpowered the former. Thus Rhazes ſays, "Aliquando apparent Variolæ ſimiles Blactiis (morbillis), et aliquis medicus dixit quod Blactiæ vertuntur in Variolas*." De Haen is nearly of the ſame opinion. "Quo tempore uterque hic morbus graſſatur, fit ut alterum sive integrè ſive ferè curatum alter ſequatur, imò ut ambo ſimul eodem in ſubjecto efflореſcant."—"Puerulus anni unius 22° Maii 1748, Febre morbilloſâ corripiebatur, et die 25° Morbilli prodiere, ſed brevi adeò conferti ut nunquam magis. Verùm circà os, puſtulæ minimæ, inſtar naſcentium Variolarum, comparuere. Die 26o inter denſiſſimos Morbillos, toto corpore diffuſos, duodecim Variolæ in facie, binæque utrâque in manu, prodiere, foveam in medio habentes, albidiores, ac circulo rubro in ambitu ornatæ†."

Cas. 39. Animadverti universam cutem efflorescentiâ continuâ et planâ, intensè rubrâ, non scarlatinâ, verùm, quasi levi et plano erysipelate perfusam, maculis rubris minoribus, et nigris majoribus, per totum pectus sparsis, die 4to. pag. 446, 451.

* Continent: lib. XVIII. cap. 8. Interprete Feragio.

† Theses sist: Febr: divisiones, pag. 107. Compare the observations, in his Ratio Medend. part II. pag. 115, 116, 117.

6. ROSEOLA

6. Roseola vaccina. This efflorescence is sometimes diffuse like the Variolous rash, but it appears generally in congeries of dots and small patches, a little elevated, as shewn in PL. XXVIII. Fig. 3.—It takes place in some children, especially in those who have a very irritable skin, on the ninth or tenth day of the Vaccination, about the same time that the red areola is formed round the Vesicle, at the place of inoculation: from thence it spreads irregularly over the whole surface of the body*. I do not remember to have seen this efflorescence continue vivid for more than forty-eight hours. It is usually attended with a very quick pulse, a white tongue, and great restlessness. Some inoculators attach little importance to it; others think it a favourable circumstance in Vaccination, as denoting that the skin and constitution have been fully affected. It is not nearly so frequent as the efflorescence after Variolous inoculation†.

7. The Roseola miliaris is an efflorescence which often attends an eruption of miliary Vesicles with fe-

* See Dr. Pearson's Report on the Cow-pock Inoculation, in 1800-1-2, and Mr. G. Bell, on the Cow-pox, pag. 52.

† "The appearance you mention is extremely rare. My notes do not furnish me with an instance of it, nor do I recollect, in any case, more than one or two slight patches of redness, which very soon disappeared. However, I do not, in the country, usually see the children vaccinated, after the 8th day."

Dr. Jenner.

ver.

ver. I ſhall have occaſion to make ſome remarks on it hereafter, under the genus Miliaria.

In the Typhus, or Contagious malignant Fever, an efflorescence alſo takes place occaſionally, reſembling, in it's diſtribution, the ſpecimen of Roſeola, exhibited PL. XXVI. Fig. 1.—but of a darker hue. I obſerved ſuch a raſh on the fifteenth day, in one caſe of fever, which terminated on the ſeventeenth day. In other caſes, it precedes the formation of purple ſpots and vibices, and, in others, it is ſeen early in the diſeaſe, but remains only for a ſhort time, without any material conſequences.

*** On printing off the first sheets of the third Order, I announced a new generic distinction termed Iris, having seen, in a few cases, what appeared to be efflorescences, consisting each of four concentric rings, of different colours, with a yellowish central speck. From similar cases, lately presented to my observation by Dr. Cholmeley, and other medical practitioners, I have ascertained that the central speck is a Vesicle, (Def. X.) and that one of the rings is Vesicular; I must, therefore, according to my own arrangement, transfer this singular affection to the genus Herpes.

ORDER III.

V. PURPURA.

THE title Purpura, or Efflorescentia purpurata, has been applied to papulous eruptions on the skin, to different forms of Rashes*, and to the purple eruption which often occurs in malignant Fevers†. Riverius is, I believe, the first author who makes a distinction between Purpura and petechial Fevers: he observes, Nullum dari signum harum febrium verè pathognomonicum,—nedum bubonem, aut carbunculum, in verè pestilenti,—neque maculas purpureas in Febre malignâ, quamvis illa a pluribus medicis purpurata nominetur;

* To the Red-gum, by Etmuller:

To the Scarlatina, by Schultzius and Juncker; and in the Ephemerides Act. Nat. Cur. &c:

To the Measles, by Hafenreffer, II. 4. and Morton, Pyretolog. Appendix:

To the Miliaria, Lichen, and Nettle Rash, by Juncker, Hoffman, &c. and in Act. Nat. Cur.

† Sennertus, Lib. V. Porchon, Traitè du Pourpre, a Paris, 1688. Sauvages, Nos. Med. &c.

cum

cum in multis eâ laborantibus nusquam compareant; et interdum erumpere ſoleant in mulieribus menſium ſuppreſſionem patientibus, et in nonnullis pueris ob levem quandam ſanguinis ebullitionem nullâ tamen apparente febre; quod nobis in utriſque non rarò videre licuit*.

With Riverius and ſome other authors, I propoſe to expreſs by the term PURPURA an efflorescence conſiſting of ſmall, diſtinct, purple ſpecks and patches, attended with general debility, but not always with fever.—Three ſtriking varieties of the complaint thus defined may be denominated, Purpura ſimplex, Purpura hæmorrhagica, and Purpura urticans, no one of which is contagious.

1. The PURPURA SIMPLEX is characterized by an appearance of petechiæ (DEF. IV.) without much diſorder of the conſtitution. The petechiæ are diffuſed chiefly over the arms, legs, breast, and abdomen. They are largest on the legs, though ſeldom confluent. In PL. XXIX. Fig. 1. they are exhibited of their uſual ſize and colour; but the eruption of them was fuller in the caſe of the boy, from whom the drawing was made, than in any other inſtance I have ſeen. Flea-

* Prax. Med. XVII. 1. Compare Foresti, Lib. VI. Obs. 59, 60.

bites may be diſtinguiſhed from petechiæ, PL. XXX. Fig. 2. by the dark central ſpeck which the inſect makes with it's proboſcis: ſee Fig. 3.—In ſome caſes, a general red efflorescence takes place, for a day or two, before the appearance of petechiæ.

The Purpura ſimplex is attended with paleneſs, languor, debility, and pain in the limbs. It chiefly affects women, and children, eſpecially thoſe who are much confined, and whoſe food is not ſufficiently nutritious. A cure is ſoon accompliſhed, in ſuch caſes, by proper diet and regular exerciſe.

1. The PURPURA HÆMORRHAGICA is attended with hæmorrhage, anaſarcous ſwellings, and vibices. Some weeks before this diſeaſe is fully formed, patients are affected with laſſitude, faintneſs, and pains in the limbs, which render them unfit either for buſineſs or ſociety. In ſome caſes, the eruption is more immediately preceded by ſhiverings, nauſea, vomiting, and acute pain. The petechiæ, or purple ſpots, appear firſt on the legs, and at uncertain periods afterwards, on the thighs, arms, and trunk of the body, the hands and face being generally free from them. They are, however, numerous on the tonſils, uvula, palate, gums, tongue, and inſide of the cheeks and lips.

lips. In theſe ſituations, they are ſometimes raiſed or papulated, and diſcharge blood on the ſlighteſt preſſure. The colour of thoſe on the ſurface of the body is at firſt a bright red, but it ſoon becomes purple or livid. The cuticle over them appears ſmooth and ſhining, but is not ſenſibly elevated. Though of very different ſizes, they have all nearly a circular form; PL. XXIX. Fig. 2. Sometimes they are few, and diſtinct, ſometimes numerous and coherent; they are ſometimes diſtributed uniformly over the ſurface of the body, and ſometimes in irregular cluſters.—Many of the patches diſappear in a week or two, while freſh ones ariſe in other places. They are largeſt and moſt vivid, in the evening or night: during the day they are ſmaller, and of a yellowiſh hue. In the greater number of caſes, they are interſperſed with vibices or livid patches reſembling the effects of a violent bruiſe*. See PL. XXIX. Fig. 2. B. B. B.

The hæmorrhage which attends this complaint is at firſt profuſe, and cannot be easily reſtrained: in ſome

* "Blood is extravasated under the cuticle, and the vessels on the surface become so tender that the slightest scratch, or bruise, or even pressure, produces a rupture of them." Dr. Duncan's Annals of Medicine, for 1799, pag. 235.

caſes, it returns every day, at a ſtated hour. It takes place from the noſtrils, fauces, gums, inſides of the lips and cheeks, or from the tongue, often from the lungs, ſtomach, or inteſtines, or from the uterus, even in women of an advanced age. The hæmorrhage ſometimes begins a few days before the eruption, ſometimes after it, and ſometimes on the ſame day with the eruption. After a week or two, the hæmorrhage becomes leſs violent, and does not return ſo frequently. When the diſcharge of blood is from the gums and mouth, the purple ſpots on the ſurface are very numerous, and of a ſmaller ſize than uſual; under theſe circumſtances, the fauces, gums, and tongue, ſometimes appear livid and tumefied.

This complaint is attended with extreme debility, and depreſſion of ſpirits: the pulſe is generally weak and frequent. Febrile paroxyſms, like thoſe of a hectic or remittent Fever, occur at intervals.—A woman, aged 57, had, every evening, from ſix to ten o'clock, repeated ſhiverings, with pain and coldneſs of the lower extremities, which ſymptoms were ſucceeded by heat, and a moderate degree of perſpiration. This patient was affected with the ſhivering-fits, with purple eruptions over the body, and with frequent menorrhagia, for upwards of nine months. In other caſes, heat of the ſkin, and acute pains in the limbs

limbs are felt every night, without the ſhiverings. When the diſeaſe has continued for ſome time, anaſarcous ſwellings take place firſt in the ancles, and afterwards in the thighs, body, arms, cheeks, and eyelids. There is uſually at the ſame time great coldneſs of the lower extremities, with ſallowneſs of the complexion, and general emaciation.

The Purpura hæmorrhagica has not any regular, or ſtated termination. It was protracted, in the caſes under my own obſervation, from 14 days, to 12 months and upwards. The diſeaſe did not, in any of thoſe caſes, prove fatal. We are, however, informed by reſpectable authors, that the hæmorrhage has, on ſome occaſions, been ſo violent as to produce ſudden death*.

Of 17 patients, whom I have ſeen affected with this diſeaſe, two only were men; nine were women, three, boys, and three, infants not more than a year old. Four of the women were beyond the age of fifty.—I will here deſcribe the progreſs of one caſe, which exhibited ſome ſtriking appearances. A lady aged thirty-ſix, of the ſanguine temperament, after experiencing for ſeveral days a painful inflation of the

* Lister Exercit. Med. de Scorbuto. Act. Nat. Cur. &c.

ſtomach,

ſtomach, was ſeized, on the 17th of June 1792, with violent vomiting, which continued almoſt inceſſantly through the 18th and 19th, and was accompanied with excruciating pains in the bowels. The fluid diſcharged was clear, and ſtrongly tinged with green bile, the quantity of it being not leſs than three or four quarts every day. On the 20th, the vomiting abated, and ſhe had ſeveral looſe ſtools, of a green colour, and mixed with black coagulated blood. The diarrhœa continued in this form until the 25th, producing great languor, and faintneſs. During that time, the pulſe was remarkably ſlow, and the ſkin cool; the urine was of a ſtraw colour, and depoſited a white mucous ſediment; the tongue was moiſt, but covered with a yellowiſh fur: ſhe was always very thirſty, and reſtleſs. On the evening of the 25th, her extremities became ſuddenly cold, her pulſe was ſcarcely diſcernible, a cold ſweat trickled down in ſtreams from every part of the body, her voice was indiſtinct, and her breathing very laborious. From this alarming ſtate ſhe recovered in the courſe of the night, and on the following day a raſh appeared over the whole body, in ſmall red circular patches, confluent on the neck, ſhoulders, and nates, but in other places diſtinct. On the 27th and 28th, the eruption was leſs extenſive, but of a livid colour: her hands ſwelled, and ſhe was faint and languid,

languid, but free from internal pain. The diſcharge of blood ceaſed at this time. On the 29th and 30th ſhe was in better ſpirits, but complained much of pains in the limbs, particularly near the knee joints. July 1ſt and 2d, ſhe was ſick, weary, and reſtleſs, but had not any diſorder of the bowels: her tongue was browniſh and clammy, and ſhe felt conſiderable pain in the wriſts. The raſh began to fade on the following day. On the 4th, ſhe was eaſy and able to ſit up in bed. Slight veſtiges of the livid ſpots remained on her arms only. Two ſpots on the back of the left hand terminated with gangrenous ſloughs. The complaint was ſucceeded by large anaſarcous ſwellings of the legs, thighs, and hands, which were not reduced till the latter end of Auguſt, and during that time ſhe continued in a weak irritable ſtate*.

The Purpura hæmorrhagica, occurs at every period of life, and chiefly affects perſons of a weak and delicate habit. Women and boys appear to be moſt

* This case exemplifies a well known aphorism, quoted by Celsus from the Greek physicians; Quibus magni lienes sunt, his gingivæ malæ sunt, et os olet, aut sanguis aliquâ parte prorumpit; quorum si nihil evenit, necesse est in cruribus mala ulcera, et ex his nigræ cicatrices fiant. Lib. II. 7. Compare Hippocr. de intern. affect. § 34. Paul. Ægin. III. 49.

liable

liable to it: in the latter, the hæmorrhage uſually takes place from the noſe.

A ſedentary mode of life, poor diet, impure air, and anxiety of mind, are the uſual exciting cauſes of this diſeaſe. Several of the female patients above-mentioned were confined to laborious work, in cloſe ſituations. One patient, aged 46, who, with the purple eruption, had weekly returns of menorrhagia, was the principal teacher in a crowded ſchool.—A young woman aged 19, and a boy about 12 years old, whoſe gums, and tonſils were livid, ſpongy and tender, and whoſe ſkin exhibited numerous petechiæ intermixed with vibices, had lived for a number of years almoſt conſtantly on tea, and coarſe bread. An infant at the breaſt, aged ſix months, was ſimilarly affected, the mother not being able to procure ſufficient nouriſhment. One of the men, mentioned page 457, referred his complaint to exceſſive fatigue in ſultry weather, and to the want of proper food. In the other, the hæmorrhage was brought on by taking large quantities of ardent ſpirits undiluted. Some ſingular circumſtances, which occurred in this caſe, I have elſewhere ſtated*.

* See Reports on Diseases, pag. 167.

In

In the treatment of this diſeaſe, we ſhould recommend moderate exerciſe in the open air, a generous diet, and the free uſe of wine, Peruvian bark, Vitriolic acid, &c. Without air, exerciſe, and an eaſy ſtate of mind, the effect of medicines is very uncertain. Of this I had a ſufficient proof in the caſe of M. C. (ſtated page 456) whoſe ſufferings were of long duration. While confined to a cloſe apartment in White-friars, ſhe took for two or three months Peruvian Bark in conſiderable quantities, the Vitriolic and marine acid, and wine, without much advantage. The periodical ſhiverings, and the hæmorrhage, were afterwards ſtopped by the Anguſtura Bark; but the purple ſpots continued till after ſhe had been ſome time in the country.

2. PURPURA URTICANS. This form of the Purpura begins with hard, reddiſh, and rounded elevations of the cuticle, of the ſize and appearance repreſented PL. XXX. Fig. 1. Theſe ſmall tumors gradually dilate, but within twenty-four hours they ſubſide to the level of the ſurrounding cuticle. They are then ſucceeded by livid ſpots of the ſame extent*. During the night, the ſpots are ſomewhat elevated, and exhibit

* Hoffmann, Conſult. et Reſpons. pag. 316, &c. &c

a little redneſs intermixed with the livid colour*; towards morning, they conſtantly reſume their former ſtate, being dark-coloured, and without elevation.—The patches are not permanent, but ſucceed each other in different places, chiefly on the legs, but ſometimes on the thighs, arms, breaſt, &c. On the legs and arms, they are frequently intermixed with petechiæ. The duration of this complaint is from three to five weeks, in the courſe of which time, the hands and ancles are affected with œdematous ſwellings. The moſt diſtreſſing ſymptoms are a ſenſation of great languor and debility, and a loſs of appetite. I have not, in any caſe, obſerved hæmorrhage or fever.

The Purpura urticans generally appears in ſummer and autumn, affecting 1. Thoſe who are expoſed to daily fatigue from hard labour, and who ſubſiſt on a meagre diet. 2. Delicate young women, who live luxuriouſly, but uſe very little exerciſe. In the latter, before any livid ſpots appear, and before the anaſarca is perceptible, the legs are ſometimes hard, and en-

* See the case of a nun, in Johan. Udalric. Rumleri Obs. Med. 45, Ann. 1580.—Monialis, nullâ prægressâ, febre, nec artuum imbecillitate, subitò exanthematibus correpta est.....quæ non, ut in aliis, tota rubentia conspiciebantur, sed nigredine quâdam quodammodò virescebant.

larged,

larged, ſo that their ſtiffneſs or weight impedes the freedom of motion, and very ſoon occaſions fatigue.

This complaint is removed by the exhibition of Peruvian Bark, Mineral Acid, or muriated Tincture of Iron, with the aſſiſtance of gentle exerciſe in the open air.

The Purpura was noticed by Amatus Luſitanus, about the year 1550, under the denomination of Morbus Pulicaris ſine febre.—Curat. Med. 70. Cent. iii.—"Puer "ad me delatus abſque febre, totus maculis quibuſ- "dam, pulicum puncturis ſimilibus, ſcatebat, et ipſis "quidem nigerrimis, ut mirari ſatis ſit talem morbum "abſque febre, vel animi anxietate, aut pueri ipſius "detrimento, ad cutem prorupiſſe..... Cæterùm "duobus interpoſitis diebus, puer hic ſanguinem mul- "tum, nigrum fæculentum, malè olentem, egeſſit, et "ſanus ac liber evaſit."

Eugalenus is perhaps the firſt writer, who has given a clear deſcription of this diſeaſe. Under the general title, Scurvy, he furniſhes three or four diſtinct caſes, wherein the purple eruption was connected with a hæmorrhage, from the gums, from the lungs, or from the bowels. See Obs. 2, 33, 59, 62, 68, 69, 72. He

refers the complaint to a putrid diatheſis, produced by groſs food, ſalt or ſtagnant water, and a moiſt cold atmoſphere.

Riverius, in addition to the obſervations formerly quoted (pag. 452), deſcribes the appearance of purple ſpots, combined with an hæmorrhage from different parts of the body : Apparent aliquandò in aliis affectibus, citrà febrem peſtilentem, maculæ quædam petechiis conſimiles, ſed a diverſiſſimâ cauſâ prodeuntes. Illæ potiſſimùm ſolent contingere in iis, qui ſanguinis fluxum patiuntur, ex eo quod ille factus tenuior et aquoſior—tum etiâm in lienoſis, ictericis, iiſque omnibus qui, propter viſcerum debilitatem, ſanguinem generant aquoſum, et in cachexiam proclives ſunt. In his enim, ſanguis tenuior factus, modò per nares modò per aliam partem effluit, modò etiam a capillaribus exiens venis in partes cutaneas tranſmittitur, ubi retentum proprium amittit colorem, et vel, lividus vel niger, vel puniceus efficitur, variaſque macularum differentias profert, quæ tamen a maculis febrium peſtilentium diverſiſſimæ ſunt, et nihil aliud quàm ſanguinis tenuitatem aquoſam, atque imbecillitatem jecoris præ ſe ferunt*.

Dr.

* Prax. Med. Lib. XVII. Cap. 1. de Febre pestilenti. See also cases by River. Cent. II. Obs. 18. and Cent. I. Obs. 21. Compare Diemerbroeck

Dr. Liſter, Exercitat. Med. De Scorbuto, 1680, affords ſeveral caſes analogous to thoſe above quoted: the 1ſt, 5th, 6th, 7th, 8th, 9th, 10th, 11th, and 12th, exactly coincide with my own obſervations on the Purpura hæmorrhagica. The diſeaſe proved mortal in four of theſe caſes, though in ſome of them, no alarming ſymptoms had occurred. Ægrot. 7, 9. Juvenis quidam, exeunte Decembri, ſubitò et ſine aliquâ cauſâ manifeſtâ, narium hæmorrhagiâ correptus eſt: id malum aliquot dies, per intervalla, duravit; mox totum corpus maculis ferè ex nigro-purpureis eleganter depictum eſt; etiam earum aliquot ex internâ labiorum parte obſervavi: Huic tamen nec febricula, nec pulſus juſto debilior; urina qualis ſanorum, nec ullum grave aliàs ſymptoma. At funeſta illa pictura fuit†.

The remedies on which Dr. Liſter depended for the cure of this diſeaſe were, Scurvy-Graſs, Creſſes, Vegetable Acids, and, occaſionally, blood-letting. Experience, however, ſoon taught him that bleeding and likewiſe purging, were highly detrimental. He men-

broeck De peste, L. IV. Ægr. 41. Hoffmann Suppl. Par. II. pag. 493. de Purpurâ Scorbuticâ, &c. Cusson De Purpurâ, Sauvages De Phænigmo, et Burserii Instit. Med. II. Cap. 10.

† Pag. 96-7.—Horstius states Obs. 17. Lib. V. that this disease terminated fatally in a pregnant woman, by a hæmorrhage from the gums. Hot-baths and sudorific medicines were employed in the case, but they produced, he says, a bloody sweat (sudorem sanguineum).

tions

tions the ſtate of the blood drawn in one caſe: Is refrigeratus cute craſſâ ex fuſco flaveſcente obductus eſt.

In the Ephemerides and Acta Naturæ Curioſorum many caſes of the Purpura hæmorrhagica are recited which deſerve attention. See Tom. I. obs. 35 and 79. Tom. III. 79. Tom. IV. pag. 468. Tom. V. obs. 30. Tom. VII. obs. 110 and 131. In Tom. IX. obs. 21, is a complete hiſtory of the diſeaſe under the title of Petechiæ mendaces.

Caſes of the Purpura ſeem to have been ſtudiouſly multiplied in periodical publications, and in medical or chirurgical miſcellanies*.—I conſider it, under all the forms deſcribed, as pertaining to the Scurvy, though it is not always attended with ſpongineſs of

* Hist. Morbor. Vratislaviens. Ann. 1702. Philosophical Transactions, vol. LIII. Casp. Pezoldus. Obs. Ch. select. 6. Werlhoff, De Variol. et Anthrac. cap. iii. § 15, and in Commerc. literar. Norimberg. Bœhrens de Affect. a Mitylis, 1735. Hebd. 2 & 7. Act. Helvet. vol. V. 1762. Strack, Obs. Med. De Morbo cum petechiis, Carolsruhæ, 1767. I. A. P. Gesner, Obs. Med. Phys. Tom. III. pag. 205. Nordlingæ, 1771. C. J. Damilan. Sopra le Malatt. delle Migliari in Piemonte, &c. 1774. Graff'. Dissert. Inaug. De Petechiis sine febre, Gottingæ, 1775. Act. Hafnensia, vol. II. Profr. Duncan's Medical Commentaries for 1774, and Medical Cases, 1778. Vechner, Petechiarum benignissimæ indolis singulare exemplum, Trajecti ad Viadrum, 1780. J. H. Schlichthorst. Dissert. de Petech. Gottingæ, 1783. Adair Dissert. Inaug. De Hæmorrhæa petechiali, Edinburgh, 1789. Medical Facts, vol. II. Memoirs of the Medical Society of London, vol. III. pag. 393. Annals of Medicine, vol. II. pag. 231, &c. &c.

the

the gums, and a diſcharge of blood from them, according to the definition of Scorbutus in Noſology*. Whether my readers agree with me in this opinion, or not, they will, I think, allow that a general view of the ſymptoms and cauſes of either the Sea-Scurvy, or Land-Scurvy, cannot properly form a part of the preſent work.

4. PURPURA CONTAGIOSA. I apply this title to an eruption of petechiæ frequently ſeen in the Typhus, or malignant Fever, occurring in crowded ſhips, priſons, and other very cloſe ſituations.

When malignant Fevers are epidemic in London and its vicinity, the proportion of caſes, in which Petechiæ appear, is not † conſiderable. A full eruption of them

* See Sauvages, Nosol Method. Sa.

Dr. Sydenham's account of the Scurvy does not materially differ from that of the Purpura, above given.

Dr. Camerarius, De Scorbuto endemio Hornbergæ, (Act. N. Cur. Tom. II. 153.) observes; Scorbuti hujus, neque enim eadem est semper, ac ubique, morbi funesti facies, hæc sunt symptomata; lassitudo ingens, vertigo, cephalalgia, frequentes parulides, cruentatio, atque ulceratio gingivarum, sicca scabies, maculæ modò lividæ, modò rubræ, lancinantes artuum dolores, in morbi cumprimis exordio. Compare Willis, De Scorbuto, cap. iii.

† Reports on Diseases, &c. pag. 162, 232, &c. Hoffmann, in his Historia Febris malignæ petechizantis Halæ grassantis, observes, Quidam

them is, according to medical writers, generally accompanied with hæmorrhage, and vibices*; but none of the caſes admitted into the Fever-Houſe during the laſt three years, have exhibited theſe appearances, either combined, or in ſucceſſion. The patients, however, are uſually covered with flea-bites, and it is not always eaſy to diſtinguiſh theſe from Petechiæ, ſince, in conſequence of the extenſive and almoſt conſtant irritation on the ſkin, the dark ſpecks remain for ſome time after the central punctures have been healed. See pag. 453-4.

Formerly, the Typhus, with Petechiæ, &c. often occurred in our priſons, and proved fatal to thoſe who were under confinement in cloſe cells, or who lodged in crowded apartments. Mr. Box, Surgeon of Newgate, informs me, that the Fever has

dam exanthematis et Petechiis planè carebant, quorundam autem corpora ipsis erant refertissima, &c. Supp. II. P. II. pag. 56. Compare Foresti, Op. pag. 190. De Haen, Theses, and Ch. pag. 27.

* "The large black or livid spots, in Fevers, are almost always attended with profuse hæmorrhages. The small dusky brown spots, like freckles, are not much less dangerous, though fluxes of blood do but seldom attend them." Huxham, pag. 42.

Si cum iis vibices nigricantes, aut liventes concurrunt, exitium significant..... Nec absunt a peticulis hæmorrhagiæ narium, uteri, ani, interdum etiam oculorum, quibus natura nititur morbum depellere. Burserii Inst. Med. vol. II. pag. 367, 378, &c.

been

been rendered leſs frequent there, and leſs virulent, by removing the perſons firſt affected, into airy rooms or wards, and by a general attention to ventilation, cleanlineſs, &c. ſo that, at preſent, Petechiæ do not appear in more than one caſe in thirty.*

Fracaſtorius would perſuade us that he was the firſt obſerver, in Italy, of the Petechial Fever†, but it was known

* "Of 379 patients admitted into the London House of Recovery, nine only, or about 1 in 42, were affected with Petechiæ. In all but one, the Petechiæ had appeared before admission. In the case excepted an eruption, at first papular, terminated in purple spots not elevated. All the patients on whom Petechiæ were observed, with the exception of one woman, recovered: this woman died on the 4th day of the disease. On the preceding evening, large vibices appeared over the whole surface of the body; and after her death, the skin became universally livid."

Dr. T. Bateman.

† Hæ Febres mediæ quodammodò sunt inter verè pestilentes et non pestilentes, quoniam ab iis multi quidem pereunt, multi etiam evadunt. Contagiosæ autem sunt, et idcircò naturam pestilentum sapiunt. Appellari autem solent malignæ magis quam pestilentes, quales illæ fuere quæ annis 1506 et 1508, in Italiâ, primùm apparuere ætate nostrâ, non priùs notæ,—certis vero regionibus familiares, ut Cypro et vicinis insulis, majoribus etiam nostris cognitæ. Vulgus lenticulas aut puncticulas appellat, quod maculas proferant lenticulis aut puncturis pulicum similes: quidam mutatis literis peticulas dicunt. De morb. Contag. Lib. II. Compare Foresti De Febribus. Lib. VI. Obs. 35. Sennert. de Feb. IV. 13. Hoffm.

known in that country there, a hundred years before his time, to Ingraſſia*.—Petechiæ and Vibices were obſerved even by Hippocrates, in the Fevers of Thrace and Theſſaly; See Epid. Lib. VII: they are alſo mentioned by Galen† and Aëtius‡. The latter ſays, "At an early period of Fevers, which are not ſimple, but originate from a depraved ſtate of the humours, livid ſpots, (μωλωπες) reſembling gnat-bites, appear over the whole body, whereas in malignant and peſtilential fevers, there are Phlyctænæ, ſome of which aſſume the form of carbuncles."

Purple ſpots occaſionally appear in the Small-pox, Meaſles, Scarlatina maligna, &c. and are often accompanied with an hæmorrhage. Their appearance has alſo

13. Hoffm. Tom. II. pag. 75. Pringle on Diseases of the Army, pag. 301-3.

I have only mentioned the Petechial Fever incidentally; a full and satisfactory account of it is given in De Haen's Ratio Medendi, and Theses de Feb. divisionib. pag. 27. and in Burserii Inst. Med. Pract. vol. II. cap. 10.

* Neapoli, rubras, et lenticulares quasdam, sine tumore, maculas, quæ in pestiferis et malignis febribus repentè nonnunquam per universum corpus dispersæ apparere solent, pesticias vocant, De Tum. præt. nat. Tr. I. cap. 1. pag. 195.

† De Atrâ Bile, cap. 12.

‡ Tetr. II. Serm. 1. cap. 129.

been remarked by various authors, in Agues, Remittent Fevers, Paralyſis, Dropſy, and Atrophia*. In the laſt ſtage of Pulmonary Conſumption, they occur as the immediate forerunners of death. Tulpius, in a ſingular caſe, deſcribes a temporary purple eruption, which ſucceeded violent fits of coughing, and which ſeems referable to ſome diſeaſe of the heart or lungs§.

* See Sauvages de Variolâ, Tertianâ, Hydrope, Atrophiâ. Mead de Variolis et Morbillis. Eugalen. Willis, and Lister, de Scorbuto. Wedel de Febre pestilenti, &c. &c.

§ Filius Senatoris, Henrici Hudde, tussiit aliquando tam vehementer, ut retracto spiritu, et excluso aere, incideret in præsentissimum suffocationis periculum, dispersis jam tum per habitum corporis lividis quibusdam maculis, simillimis exanthemati pestilentiali. Sed momentanea ipsarum eruptio, utique præcedens tussis, docuere satis luculenter, colorem illum provenisse, non tam a contagio, quam ab imminente spiritûs vitalis extinctione,—quo intereunte, mirum non est perire utique partibus vividum colorem, et illi e vestigio succedere luridum, ac emortuum livorem. Obs. Med. Lib. I. Cap. 55.

ORDER III.

IV. ERYTHEMA.

THE ERYTHEMA is a nearly continuous redneſs of ſome portion of the ſkin, attended with diſorder of the conſtitution, but not contagious. This appearance, though in general ſymptomatic, merits our attention, as it ſhould be carefully diſtinguiſhed from other eruptions, particularly from the contagious Exanthemata. Sauvages and Plenck have included under the generic title Erythema, the effects produced on the ſkin by burns, ſcalds, ſlight wounds, and punctures, by the irritation of certain vegetable ſubſtances, and by the ſtings or bites of inſects and ſerpents.—In conformity to the definition above given, I propoſe to take a more limited view of the ſubject, under the ſubdiviſions, Erythema fugax, Erythema læve, Erythema marginatum, Erythema papulatum, Erythema tuberculatum, and Erythema nodoſum.

1. The

1. The ERYTHEMA FUGAX is characterized by red patches, of an irregular form, and of ſhort duration. Theſe patches appear ſucceſſively, but with different intervals, on the face, neck, breaſt, arms, &c. in ſome caſes of bilious diarrhœa, and of the Synochus or Summer Fever*. I have alſo ſeen them in ſlow Fevers, uſually termed Nervous Fevers, in the Typhus, and in Puerperal † Fevers. They generally denote that the diſeaſe,

* Reports on Diseases in London, pag. 25-8, and 283.

† "In dangerous cases of Puerperal Fever, I have observed broad, red, patches, on the arms, legs, and neck. They appear at first like a mere redness from pressure, especially as they often begin about the elbows. Distinct livid spots appeared in the middle of these patches, in the following case":

"Mrs. A. of Great New-street, after a severe but natural labour, was delivered on the 10th of December, 1798, the Puerperal Fever not being at that time epidemical. On the 13th, she took some opening medicine which operated well, but, both before and after the operation, she complained of violent pain in the region of the uterus. From this time, she was affected with fever. I did not see her till the 16th, when she had considerable pain in the abdomen without general tension; a defined hard tumour was however to be felt, as from the half contracted uterus: she appeared comatose, being with some difficulty roused to give any account of her feelings; her skin was hot; pulse 120, regular and tolerably firm; tongue furred, brown in the middle, and deep red on the sides; her hands appeared to me to be swollen, and covered with a minute rash, hardly appearing through the skin, but this the nurse attributed to her having just before washed with warm water. She was very delirious

diſeaſe, to which they are annexed, will be tedious and dangerous.—The Erythema fugax is likewiſe an occaſional ſymptom in chronic complaints, particularly in Hyſteria*, Dyſpepſia, Hemicrania, and Gravel. It ſometimes appears to be a conſequence of irritation in the urinary bladder, and urethra.

Hippocrates † mentions patches of redneſs (ερυθημαλα) about the noſtrils, on the cheeks, the edge of the jaw,

delirious during the night; the stools and urine were discharged involuntarily. On the 17th, several red patches appeared, especially from below the elbows over the arms; no elevation of the skin was perceptible by the touch,—but to the eye, when closely inspected, the patches seemed to consist of a minute rash somewhat elevated. In the midst of these patches, there were several livid spots, some of them nearly the size of a sixpenny-piece. There was the same appearance round the ankles, extending up to the calves of the legs. The nurse had observed similar patches over the abdomen in the preceding night. Her breathing was, on the 17th, laborious, her tongue extremely brown and cracked, pulse indistinct; she talked incoherently, but answered the questions put to her when roused.—She died before the morning."

Dr. JOHN SIMS.

* Sauvages misquotes the following account of Erythema or Flamma volans:—Est accidens fugax, Hysteriæ et Menostasiæ non rarò comes—subitus sc. color et rubor, ut in verecundiâ, identidem a pectore ad faciem assurgit, citò transiturus, quandoque levem sudorem et vertiginem excitant.

† Epidem. Lib. 1. 89, 14. Coac. Prænot. 215, 231. ditto, pag. 126, 138, and 185. Ed. Fœs.

and

and on the neck, as occurring in Fevers, Diarrhœa, Hæmorrhage, and Sore-throat; he obſerves, that, in acute diſeaſes, Erythemata on the hands and feet denote the approach of death, and that broad patches of redneſs (ἐρυθήματα ὑποπλάτια) on the cheſt, have the ſame import in Peripneumony.

3. In the ERYTHEMA LÆVE, the ſurface is uniformly ſmooth, and ſhining: it chiefly appears on the lower extremities, at firſt, with red patches, which are distinct, and of different forms, ſome being angulated, others round, and varying in ſize from that of a ſhilling to that of a crown-piece. In a few days, they become confluent, or have but ſmall interſtices: at the ſame time, the limbs are generally affected with conſiderable anaſarcous ſwellings.—This complaint occurs, often with a ſlight fever, in young perſons who have applied too cloſely either to ſtudy or buſineſs. The duration of it is uncertain: in ſome caſes, the redneſs continues for ſeveral weeks. It diſappears gradually, and terminates in extenſive deſquamation, as ſoon as the anaſarcous ſwelling has been reduced by proper exerciſe, diuretics, and corroborant medicines.

Perſons of an advanced age, labouring under anaſarca from debility or long-continued illneſs, often produce

produce by fatigue and exertion, an increaſed ſwelling of the legs or ankles, with a ſudden and extenſive appearance of the Erythema læve. The pain, tenſion, and ſtiffneſs, which attend it, may be removed in a ſhort time by a horizontal poſition, and by the exhibition of Peruvian bark, diuretics, &c. Under this mode of treatment, the redneſs in two or three days changes to a darker hue, and then gradually diſappears.—Thoſe who, by exceſs in drinking ſpirituous liquors, have brought on conſiderable œdematous ſwellings, and ſtiffneſs, of the lower extremities, are ſometimes affected with a general redneſs of the ſurface of thoſe parts, which continues for many days, but at length changes to a purple or livid hue: this appearance, is uſually ſucceeded by gangrenous ulcers, in perſons whoſe intemperance cannot be reſtrained.

The Erythema læve occurs, in ſome caſes, without dropſical ſwellings, or any preſſure on the cutaneous veins, eſpecially after violent pains in the ſtomach, attended with bilious vomiting and diarrhœa. Theſe internal diſorders ceaſe, or abate conſiderably, as ſoon as the redneſs appears; which is chequered by interſtices, and extends round the ankle with much pain and tenſion. I have obſerved a ſimilar redneſs on the ankle and inſtep, in ſome delicate females, on almoſt every return of the Catamenia.

3. In

3. In the ERYTHEMA MARGINATUM, the patches are bounded, on one ſide, by a hard, elevated, red, border. This border, which gradually elongates, does not form circles, but appears tortuous: it is ſlightly furrowed, and, in ſome places, papulated. The convolutions of it are larger than thoſe repreſented PL. XIV. and the redneſs or efflorescence takes place within the ſinuſes, but has not a regular boundary on the open ſides. Theſe patches are ſituated on the outſide of the arms, legs, and thighs, and on the loins; they do not appear and diſappear ſucceſſively, like the longitudinal wheals, and redneſs in the Urticaria, pag. 400-15-16.—I have ſeen them continue, in different caſes, from three to ſix weeks: for ſeveral days before it diſappears, the redneſs changes to ſomewhat of a livid colour, and the margins ſubſide ſlowly, without deſquamation.

The Erythema marginatum does not ſeem to produce pain, or irritation in the ſkin: it is, however, uſually connected with ſome internal diſeaſe, and, from the event of the caſes, which have been preſented to me, I think it an unfavourable appearance. I have obſerved it only in perſons at an advanced period of life. A woman, aged 60, after having been affected for ſeveral weeks, with a ſevere cough, difficulty of breathing, pains or ſtitches in the ſide, &c. was at firſt re-

lieved by the appearance of the patches on her arms and thighs, but when they declined, about a month afterwards, the cough, pain, and dyſpnœa returned with fever, loſs of ſleep, and emaciation, and ſoon terminated her life.

4. In the ERYTHEMA PAPULATUM, the ſurface, as far as the redneſs extends, is at firſt rough or papulated. The eruption is diffuſe, and without any regular boundary; PL. XXXI. Fig. 1. On the ſecond or third day, when the colour becomes vivid, the Papulæ diſappear, but the ſkin continues red, and furrowed, for ten days or a fortnight. As the efflorescence declines, it aſſumes a bluiſh or livid hue, and ſoon after terminates by deſquamation. In one caſe, the redneſs was ſucceeded by a ſlight effuſion of lymph, which occaſioned a yellowiſh appearance of the ſurface. No veſications were, however, formed, the cuticle ſeparating gradually without any diſcharge of fluid.—This eruption appears chiefly on the upper part of the breaſt, on the neck, and on the fore-arms. It differs from the Lichen agrius (page 42)' in the following particulars: 1. The Papulæ are obſcure, and preſently ſubſide. 2. The redneſs continues undiminiſhed long after the diſappearance of the Papulæ. 3. There is leſs diſorder of the conſtitution, and a leſs painful ſenſation in the ſkin. 4. The Erythema papulatum does not terminate by fiſſures, excoriations, or a leprous ſtate of the ſkin.

I have

I have obſerved the Erythema papulatum in labourers of both ſexes, whoſe arms had been careleſsly expoſed to ſudden alternations of heat and cold. Intemperance in drinking ſpirituous liquors, or ſpirits combined with ſtrong malt-liquor, may alſo be conſidered as an occaſional cauſe of this diſeaſe. It is generally relieved by waſhing with tepid water, or thin gruel, by light coverings, by a temperate regimen, and by the vitriolic or muriatic acid taken internally.

PLATE XXXII. Fig. 2. repreſents an appearance, which occurred in a Syphilitic caſe, attended with ulceration in the throat. The Papulæ, however, remained, after the Erythema had diſappeared, till they deſquamated under a mercurial courſe. Hence the redneſs, accompanying the firſt eruption of them, was perhaps analogous to the efflorescence in Venereal caſes, mentioned page 163 and 440.

We may rank under the preſent article, that ſpecies of Intertrigo, which is produced, in ſome perſons, by the attrition of contiguous ſurfaces *, as beneath the breaſts,

* Antient medical writers have chiefly noticed the galling and inflammation produced by narrow ſhoes, ſandals, &c. or by riding on horſeback. Παραθριμμαδα, Αποτριμμαδα, Oribas. Synops. L. VII. Cap. 5. Aëtii Tetrab. IV. S. 11. Cap. 67. and Tetrab. I. S. 1. de Lycio. Paul. Ægin. De Re Med. Lib. IV. Cap. XIV. Compare Scribon. Larg. Cap. 88. De

breaſts, round the axillæ, in the groin, and at the upper part of the thighs, and is attended with a glairy and fetid ſecretion. The Intertrigo is most troubleſome when it affects the thighs: it commences where they are in contact with the ſcrotum, and extends upwards to the groin and nates, round the ſcrotum, and downwards to the hollow of the thigh. In places where the friction is ſtrongeſt, the redneſs is continuous, but it terminates at the edges in a mixed colour, ſuch as characterizes efforeſcences generally; DEF. VI. This complaint is moſt frequent in very warm weather, and affects perſons of the ſanguine temperament, eſpecially thoſe who are corpulent.* It ſometimes terminates in the Prurigo or Proriaſis ſcrotalis.—An appearance analogous to the Intertrigo, is produced by acrimonious diſcharges in perſons labouring under Dyſentery, Gonorrhœa, &c. in females af-

Liparâ ad Intertrigines et exasperationem, and Marcellus de Med. Cap. 32-3. Intertrigines, Exulceratio Intertriginum, Porrigo Intertriginum. C. Plin. Nat. Hist. Lib. XX. Cap. 14. XXI. C. 18. XXIV. C. 8. &c. Intertrigo et alarum vitia, attrita corporis, &c.

* Intertrigo, seu pustulæ genitalium ἱδρωα Hippocrati dictæ, oriuntur ab earum partium sudore bilioso, mordaci, ex incessu frequentiore, æstatis tempore, orto, qui perfacilè iis in partibus putrescens, pruriginem movet, cutemque veluti ulceribus exasperat, accedente attritu, qui ex eodem incessu fit. Plater. De Superf. Corp. dol. Causis, pag. 702.

fected

fected with Fluor albus, or Uterine ſcirrhus, and in infants; ſee page 25.

Frequent ablution, with tepid water, is neceſſary to allay the heat, and uneaſineſs, which attend this complaint, to remove the viſcid ſecretion upon the ſurface, and to prevent excoriation *. When the ſkin is fretted by the diſcharge of a thin acrimonious fluid, ſome relief is obtained by the application of dry abſorbent powders: in caſe of abraſion and fiſſures, the Unguentum foliorum ſambuci may be applied with much advantage.

A ſpecies of Intertrigo takes place occaſionally, at an advanced period of the Lues venerea, on the upper and inner part of the thighs, on the ſcrotum, and between the nates. It is attended with heat, pain, itching, and an acrimonious viſcid diſcharge, which partially excoriates, but which at length forms a ſmooth whitiſh incruſtation, over all the affected ſurface. I have thought this appearance referable, in ſome inſtances, to the uſe of mercury. If ſuch an opinion was wrong, I am at least correct in obſerving, that the Venereal In-

* Hafenreffer (L. I. Cap. 18.), Plater. (p. 678.), and Plenck (p. 103.), after ſome of the antients, rank Intertrigo with Excoriation, or ſuperficial Ulceration. I have often before noticed the impropriety of characterizing a disease from incidental circumstances.

tertrigo is not always removed by the mercurial courſe, while it is generally relieved by preventing, as much as poſſible, the attrition of the ſurfaces, by repeatedly waſhing with warm water or with ſoap and water, and by the application of mild reſtringent ointments to the parts excoriated.

5. The ERYTHEMA TUBERCULATUM, exhibits irregular patches of red efflorescence, diffuſed, at firſt, round tumors ſlightly elevated, and of the ſize repreſented PL. I. Fig. 9. The ſmall tumors are not ſo hard as Tubercles (DEF. VIII.): they are not attended with pain, or uneaſineſs, nor do they ſeem diſpoſed to ſuppurate. They ſubſide in ſeven or eight days †, but the patches of Erythema continue a week longer, then turn livid, and gradually diſappear.—This eruption extends over the arms, neck, ſhoulders, thighs, and legs. It commences with fever, ſometimes in paroxyſms as ſevere as thoſe of a quotidian ague. In the intervals of the paroxyſms, the patient is affected with great languor and faintneſs. During the ſecond week of the eruption, the fever gives place to a ſtate of weakneſs, morbid irritability, and reſtleſſneſs, which is ſometimes ſucceeded by hectical ſymptoms.

† The representation PL. XXXI. Fig. 2. was made at the period when the tubercles are scarcely distinguishable from the surrounding redness.

PL. XXXII. Fig. 3. represents Bug-bites, which are not surrounded by a red efflorescence.

6. In

6. In the ERYTHEMA NODOSUM, many of the red patches are large and rounded; PL. XXXII. Fig. 1. The central parts of them are very gradually elevated, and on the 6th or 7th day, form hard and painful protuberances, which are often taken for impoſthumes, but from the 7th to the 10th, they conſtantly ſoften and ſubſide, without ulceration. On the 8th or 9th day, the red colour changes to bluiſh or livid, and the affected limb appears as if it had been ſeverely bruiſed. This appearance remains for a week or ten days, when the cuticle begins to ſeparate in ſcurf.

The Erythema nodoſum uſually affects the fore part of the legs. I have only ſeen it in females *, moſt of whom were ſervants. It is preceded by irregular ſhiverings, nauſea, headach, and fretfulneſs, with a quick unequal pulſe, and a whitiſh fur on the tongue. Theſe ſymptoms continue for a week, or more, but they uſually abate on the appearance of the Erythema, ſo

* I do not remember to have seen this complaint in young children. Dr. Underwood says that it occurs, "while the double or eye-teeth are cutting," and that "it has sometimes been mistaken for the Measles." He adds, "the tumors are preceded by large spots or patches, at first of a bright red colour, but afterwards of a darker hue, resembling Petechiæ in bad Fevers."—"The tumors, I believe, never come to suppuration, but disappear again in a few days:—they are not peculiar to scrophulous habits." Vol. I. page 88, and 207.

that

that in the latter ſtages of the diſeaſe, the only ſenſations of uneaſineſs are, languor, thirſt, and diſreliſh for food.

The remedies preſcribed by me in this complaint were calomel, or ſometimes a milder purgative at firſt, and afterwards Peruvian bark, in conſiderable doſes, either alone, or combined with vitriolic acid, wine, &c. Theſe medicines were effectual in every caſe of the Erythema nodoſum, but they proved fruitleſs in the Erythema tuberculatum. I have ſeen but three caſes of this latter diſeaſe, all of which terminated fatally. Two women affected with it, became hectical, and died in a few weeks. A girl, ſix years old, died of the Hydrocephalus internus, about a month after the eruption had diſappeared.

ORDER IV.

BULLÆ.

BULLA (Bleb); DEF. XI. A large portion of the cuticle detached from the ſkin, by the interpoſition of a tranſparent watery fluid; PL. I. Fig. 10. Soon after the water is diſcharged, the excoriated ſurface is covered with a flat yellow or blackiſh ſcab, which remains till a new cuticle is formed underneath. When Bullæ have a dark-red, or livid baſe, they are denominated PHLYCTÆNÆ; Fig. 11.

Of this fourth Order, I have conſtituted three genera, Eryſipelas, Pemphigus, and Pompholyx. Whether the two latter might be properly united, or whether the Pemphigus ſhould be conſidered as a diſtinct idiopathic eruptive Fever, I do not wiſh abſolutely to decide, but wait for the opinion of judicious critics.

The ERYSIPELAS is a febrile diſeaſe, in which ſome part of the body is affected externally with heat, redneſs, ſwelling, and veſications. The tumor is ſoft, diffuſe, and irregularly circumſcribed; the redneſs diſappears on preſſure, and immediately returns when the preſſure is removed *.

Medical and chirurgical writers generally agree in their ſtatements of the characteriſtics of Eryſipelas. Antient authors, however, appear more anxious to diſtinguiſh it from Phlegmon, than to give a minute deſcription or hiſtory of it.

According to Galen †, "Heat and tumefaction are ſymptoms common to both diſeaſes, but the colour in them

* Erysipelas. Macula rubens, urens, pressione dissimulanda, tumidiuscula, superficialis, dilatabilis, desquamatione finienda. Febris Synocha, initio acuta, cum inquietudine. Linn.

Erythema is distinguished from Erysipelas, as it resembles an efflorescence (DEF. VI.) and is not attended with swelling, vesication, or any regular fever.

† Meth. Med. Cap. 14. initio, and de Arte Cur. ad Glaucon. L. II. and Comment. in Aph. 20. L. VI. See Oribas. De Morb. Cur. Lib. III. Cap. 47. Aet. Tetrab. IV. 2. 59. Celsus. V. 26.—Galen's account of the varieties of this disease, is founded on the doctrine of the four humours,

them is different,—that of Phlegmon being a vivid, permanent red,—that of Eryſipelas a pale red, inclining to yellow, which is eaſily obliterated by a touch of the finger, and which returns when the preſſure is taken off. In Phlegmon the tumor is circumſcribed, hard, tenſive, and painful: in Eryſipelas it extends diffuſely with conſiderable heat and uneaſineſs, but without tenſion or throbbing: Phlegmon is ſeated deeply in the fleſh, whereas Eryſipelas does not penetrate far below the ſkin."—He adds, that Eryſipelas is in ſome caſes attended with ulceration, and that, in others, it has a tendency to gangrene; and he thinks, with Hippocrates, that it often affects internal membranes, as well as the ſkin.

mours, supposed to exist in the body. When the disease is caused by yellow bile, he terms it an exquisite Erysipelas: when a small quantity of blood is mixed with the bile, he calls it Erysipelas phlegmonodes: if the blood predominate over the bile, it is then Phlegmone erysipelatodes, but if these fluids are mixed in equal proportions, they form, in his opinion, an intermediate disease. When the disease originates from lymph or phlegm, he terms it Erysipelas œdematodes: a hard, permanent swelling, he thinks, is occasioned by an afflux of black bile, and this, he denominates Erysipelas scirrhodes.

Paulus Ægineta considers these distinctions as of little importance in medical practice, and calls our attention to the most dangerous species of Erysipelas—that which affects the head and face. De Remed. Lib IV. Cap. 21.

I. F. Serapion * and Avicenna †, who have copied the preceding obſervations, notice the eruption of Bullæ, or Blebs, in Eryſipelas (Almeſire), as an uſual appearance, reſembling the veſications produced by fire.

Without being influenced by the hypotheſis or opinion of Galen on the ſubject, I propoſe to deſcribe Eryſipelas under four varieties; viz. Eryſipelas phlegmonodes, Eryſipelas œdematodes, Eryſipelas gangrænoſum, and Eryſipelas erraticum.

1. The ERYSIPELAS PHLEGMONODES generally affects one ſide of the face, or one of the limbs. In the former caſe ‡, the diſeaſe begins with coldneſs and ſhiverings,

* Et accidit cum Almesire ut plurimùm Vesicatio: et fortasse incipit absque vesicatione, sel ut plurimùm vesicatur. Breviar. Tract. V. Cap. 22.

† Quando fuerit ejus malitia major, habet inflationes et vesicas, et combustiones, et crustam. Avicen. Lib. IV. Fen. 3. Tract. 1. Cap. 1.

Quandoque ex calidate Erysipelatis pervenit ad hoc ut comburat cutem atque virulentiâ ejus vesicet. Id. Cap. 4.

‡ Avicenna, L. IV. F. iii. 1. 4. Actuarii Med. II. 12. Amb. Parè, L. VI. C. 12. Fernelius De Extern. Affect. VII. 4. Amat. Lusitan, pag. 17. Tagaultii Chirurg. Lib. I. Cap. 8. Sennert. Pract. Lib. II. Cap. 16. & Lib. V. 1. 7. Sydenham, Sec. VI. C. 6. H. F. ab Aquapendente op.

Part

ſhiverings, which alternate with irregular fluſhes of heat: on the 2d and 3d days, the pulſe is increaſed in frequency, oppreſſed, and ſomewhat hard; the tongue is covered with a whitiſh cruſt; there is a ſenſation of languor, and general ſoreneſs, attended with thirſt, loſs of appetite, and a diſpoſition to ſleep. Dull aching pains are alſo felt in the head, neck, and back. The ſwelling uſually appears in * the ſecond night, or on the third day, at the ſide of the noſe†, and on the cheek, or ſometimes near the ear. It is of a dark red colour, ſmooth and ſoft, and attended with a ſenſation of heat and tingling. This redneſs, and the ſwelling, extend gradually over the ſide of the face, and ſpread, in ſome caſes, to the ſcalp, and to the ſide of the neck, or upper

Part. II. Lib. 1. Hafenreffer, Lib. IV. Cap. 2. Plater. De Superf. Corp. dolor. Cap. 17. Hoffmann, De Feb. Erysipelac. Wiseman's Surgery, L. I. C. 6. Platner Inst. Chir. § 156. De Haen, Theses de Febr. divis. pag. 19. Callisen Inst. Chir. Mod. § 216. Burserii Inst. Med. Pract. Vol. II. Cap. 2.

* Ex viginti subjectis hoc morbo affectis, et quorum historiam ex Instituti clinici diariis coram oculis habemus, nonnisi duo, priusquam febricitassent, sex verò post primum jam caloris ingressum, cæteri verò duodecim vel secundâ vel tertiâ a febris principio die, Erysipelate notabantur. Frank. Ded. Cur. Hom. Morb. II. p. 33.

† Incipit a lepore nasi, et augmentatur apostema, et expanditur in facie totâ. Avicenna.

part

part of the breaſt. The face then appears much diſfigured; the mouth is drawn to one ſide; the eyelids are turgid, and cloſe up the eye; the ſymptoms of fever become more violent, and are attended with delirium. On the 4th and 5th day, veſications ariſe on different parts of the diſeaſed ſurface, eſpecially at the central part of the ſwelling. They have an irregular baſe, and are of various ſizes. The fluid contained in them is at firſt clear and watery; it becomes afterwards ſtraw-coloured and opaque, or ſometimes ſlightly livid, without loſing its tranſparency. Soon after the fluid has been diſcharged from the veſications, the excoriated ſurface is covered with a yellowiſh or black irregular ſcab. The Bullæ uſually break on the 5th or 6th day, when the ſwelling begins to ſubſide, and aſſumes a yellowiſh hue. At this time alſo, there is a conſiderable remiſſion of the fever. On the 8th day, both the fever and ſwelling generally diſappear. I never ſaw this diſeaſe terminate fatally: it is, however, obſerved by authors, that ſome patients die in a comatoſe ſtate on the 7th, 8th, or 9th day. When the redneſs changes to a brown or yellowiſh hue, a ſeparation of the cuticle commences at the edges of the tumefaction, and is continued over the whole of it: a new cuticle is formed on the 10th day, and the ſcabs fall off about the ſame time.

The

The following variations occaſionally take place in the ſymptoms of this diſeaſe.

1. In young perſons of the ſanguine temperament, the tumour is ſometimes completely formed on the 2d day of the diſeaſe, and veſications appear upon it the ſame evening. The diſeaſe, in this caſe, terminates on the 6th or 7th day.

2. Old perſons are ſeldom affected with the ſwelling and redneſs till the 4th day of the febrile ſtage of the complaint. The diſeaſe is then uſually protracted to the 10th or 12th day, and deſquamation is not finiſhed before the 14th or 15th day. The veſications are not ſucceeded by ſcabs, but for ſeveral days diſcharge profuſely an acrimonious lymph.

3. I have ſeen, in one or two inſtances, both ſides of the face affected, at the ſame time, with Eryſipelas. More frequently the morbid ſide of the face is ſeparated from the other, by an exact line drawn acroſs the forehead down the middle of the noſe to the chin.

4. Sometimes the diſeaſe, after it has diſappeared on the 8th day, ſuddenly returns with the ſame violence as at firſt, and continues two or three days.

5. The

5. The ſwelling, in ſome caſes, terminates with a partial ſuppuration *. This takes place chiefly at the upper part of the cheek, and in the eye-lid.

6. The parotid and ſub-maxillary glands enlarge, and become highly inflamed, ſometimes with the ſwelling of the face, but more frequently on its decline: theſe glandular tumors often end in tedious and painful ſuppuration.

The Phlegmonic Eryſipelas affecting the lower extremities †, commences with violent ſhiverings, ſucceeded by heat of the ſkin, and flushing of the face, a ſenſation of laſſitude, ſickneſs, thirſt, a white tongue, a frequent ſharp pulſe, general uneaſineſs, and loſs of ſleep. The tumor, which appears on the third day of

* "A circumscribed cavity, containing laudable pus, is never seen in the legitimate Erysipelas. Where a purulent effusion happens in any considerable degree, it affords, when the part is examined, a sensation similar to that excited by a quagmire or morass. In that sort of suppuration, which sometimes supervenes to Erysipelas, the cellular membrane suffers great injury, and not uncommonly the part is in a gangrenous condition." Pearson, Principles of Surgery, § 289.

† Rudius, De aff. extern. L. 16 Plater. Obs. Lib. II. p. 483. Le Dran's Surg. Vol. II. p. 344. Wiseman, Chap. VI. case 4 & 5. Amat. Lusitan. Cur. Med. 25. Cent. II. Gabelchover. Curat. Med. Cent. III. &c. &c.

theſe

theſe ſymptoms, extends on the fore-part of the leg, from a little below the knee, to the inſtep, or ſometimes to the ſides of the foot: its colour is an intenſe ſhining red, nearly continuous: it is likewiſe attended with a ſenſation of burning heat, and with excruciating pain, ſo that no preſſure, not even the weight of a ſheet, can be born upon it. Large Bullæ or Veſications appear over the whole diſeaſed ſurface on the 4th day. They break ſpontaneouſly in about 24 hours, and a prodigious quantity of acrid lymph is diſcharged. The febrile ſymptoms continue long after this period; the pain is very ſevere, eſpecially during the night, and, if the cuticle has been extenſively detached, the conſequent ulceration, which has an uneven and very irritable ſurface, requires the attention of the ſurgeon for ſeveral weeks.

It is obſerved by many writers, that the Eryſipelas * affecting the lower extremities begins in the inguinal glands, and extends from thence to the feet. I have ſeldom remarked this progreſs of the diſeaſe, but

* Gravi Erysipelate affecti, primo tumorem, ruborem, ac dolorem, sentiunt in inguinum adenibus, unde posteà materia ferventissimæ & adurentis quasi naturæ ad pedes descendit. Hoffman. See Frank. II. 52.

Qui in cruribus afficiuntur Erysipelate, prius circà inguina ejusdem partis dolent, cum glandularum nonnunquam tumore. H. Fabricius ab Aquapendente, and Burserius, vol. II. § 22.

I have ſeen the glands of the groin ſwell, and become inflamed ſecondarily, when the Eryſipelas has been for ſome time ſeated in the leg, as above deſcribed.—It has alſo been ſaid, that eryſipelatous tumors often ſuddenly diſappear, in conſequence of which, a violent diſorder of the brain, lungs, or other internal parts, is immediately produced: ſuch inſtances of metaſtaſis, however, I believe, ſeldom happen, if the diſeaſe be properly treated.

When the Eryſipelas phlegmonodes is ſeated in the hand, it firſt affects the thumb, or one of the fingers, with a painful ſwelling, redneſs, and veſication, and then gradually extends to the wriſt and back of the hand, and to about the middle of the fore arm. One or two eryſipelatous patches are ſometimes formed near the joint of the elbow. Loſs of appetite, with a white tongue, and febrile ſymptoms, attend this complaint: the pain is always excruciating, and during the night it is much aggravated, ſo as to preclude reſt till towards morning, when ſome alleviation of it uſually takes place. The diſeaſe continues thus for 10, 12, or 14 days, when the pain and ſwelling begin to abate, the cuticle deſquamates, and for ſome time afterwards the ſkin of the parts affected remains tender, and ſlightly diſcoloured. In ſome unfavourable caſes,

matter

matter * forms, during the ſecond week, on the fingers, on the back of the hand, and on the arm: I obſerved, in one inſtance, a pouch formed near the elbow, from an effuſion of ſerous fluid under the aponeurofis of the biceps muſcle. The pain and irritation kept up during the ſuppurative proceſs are extreme: when irregular ſinuſes take plaee, ſome of them communicating from one ulceration to another, the patient's miſery is protracted for many weeks, and the muſcles or tendons chiefly affected, ſuffer a material injury.

2. The ERYSIPELAS ŒDEMATODES, uſually affects the face, the breaſt, or ſome of the extremities. It has not ſo diſtinct an acceſſion as the foregoing ſpecies, being only preceded by general debility, languor, ſickneſs, and flying pains. The ſwelling extends very gradually, and is three or four days in arriving at its height. It is of a pale red, ſometimes of a yellowiſh brown colour, and has a ſmooth, ſhining ſurface: if it be ſtrongly preſſed with the finger, the pit remains for a ſhort time afterwards. Veſications are formed on the 2d, 3d, or 4th day from the commencement of the ſwelling,

* See Wiseman on Erysipelas, Cases 3 and 6.

In ulcerato plus utique periculi metuendum, et ægris, et medicis, et per longum sæpe tempus detinet, ægrè consolidandum. Hoffmann, De Febre Erysipelatosâ, § IV. and Obs. I.

being in general numerous, of an irregular form, and but little elevated. They are preſently ſucceeded by thin, brown, or blackiſh ſcabs, from the edges of which a clear lymph exudes in great abundance*.

As the ſwelling advances, a more conſiderable diſorder of the conſtitution is produced. The tongue becomes white, the pulſe is ſoft, frequent, and ſometimes irregular. The face, under this complaint, is much enlarged, ſo as almoſt to reſemble a bladder diſtended with water: the eyes are often totally cloſed; at the ſame time delirium takes place, and is ſoon after ſucceeded by coma. Theſe ſymptoms, in many caſes, terminate fatally about the 8th day of the diſeaſe. In other inſtances, the tumor, the ſerous diſcharge, and the oppreſſed ſtate of the brain, continue to the 12th, 16th, or perhaps to the 20th day. Some patients die, after lingering to this late period; others recover ſtrength and health very ſlowly.

A ſlighter kind of this complaint occurs every ſpring and autumn, or perhaps at ſhorter periods, in ſome per-

* Altera verò ſpecies minori ardore et rubore ſe offerens, extuberantiâ tamen majore, magisque expansâ, Erysipelas œdematodes dicitur, in quo veſicæ quoque interdùm prodeunt ſubalbidæ, e quibus apertis, ſerosus humor vel ſaniosus, tandemque pus, effluit. Plater. De Superf. Corp. dol. p. 663.

ſons,

ſons, chiefly females of a weak conſtitution*. It ſeems to be a ſequel of long continued pains in the head, or of other internal diſorders.

3. The ERYSIPELAS GANGRÆNOSUM, begins ſometimes in the ſame manner as the phlegmonic †, ſometimes like the œdematic Eryſipelas. It generally affects the face, and is attended with a ſmall and weak pulſe, a brown fur on the tongue, and delirium; this, in a few days, is ſucceeded by a comatoſe ſtate, which remains through the whole courſe of the diſeaſe. The ſwelling exhibits a dark red, inclining to a livid hue. It is puffy or ſoft to the touch, and extends from the face ſometimes to the breaſt, ſhoulders, and arms. Scattered Phlyctænæ (DEF. XI.) form upon it, within a day or two: they contain lymph of a browniſh co-

* Senibus cachecticisque corporibus, vel et mulieribus quæ menstruorum suppressione laborant, Erysipelas interdùm habituale redditur, et verno imprimis vel autumnali tempore, aut quod vidimus mense quovis periodicè redit, ut plurimùm impetu febreque carens, sed cum crura frequentiùs petierit, ulcera non rarò in iisdem rebellia, aut duritiem cutis cum tumore pedis nec per vitam solvendam, inducit. Frank. II. 43.

† Procedente morbo, uti primùm Febris dolorem, tumorem, ac alia peperit symptomata, quæ indies ingravescentia nonnunquam in Gangrænam terminantur, ità hæc invicem haud mediocrem ad febris augmentum operam conferunt. Sydenham.

lour

lour, or ſlightly livid, and the ſkin at their baſes frequently becomes black and gangrenous. On the cheeks and other parts, deep ulcerations ſometimes take place with livid edges, and diffuſe a thin purulent matter in the cellular membrane around them. Mr. Pearſon obſerves, "In the Gangrenous Eryſipelas we meet with little caverns, and intercurrent ſinuſes in the tela Celloſa, containing an ill-conditioned pus; and in thoſe caſes, conſiderable ſloughs formed by the cellular membrane, &c. are evacuated from the ulcer *."—The upper eyelid frequently becomes hard, and brown, or blackiſh, and at the latter end of the diſeaſe ſphacelates: from the injury done to the ſkin and ciliary muſcles, the eye cannot afterwards be perfectly cloſed.

The dangerous tendency of this ſpecies of Eryſipelas is noticed by Hippocrates †. It does not prove univerſally fatal, but it is always tedious and precarious. The ſwelling and the febrile ſymptoms are protracted to the 20th day of the diſeaſe, or in ſome caſes beyond it: two or three weeks more elapſe before the gangrenous ſloughs ſeparate, and before the ulcerations manifeſt a diſpoſition to heal.

* Principles of Surgery, § 308. See above page 492, note.

† Επι Ερυσιπελασι σηπεδων, η εκπυησις; (κακον.) Aph. 20. Lib. VII. See Galen. Comment.

Sauvages

Sauvages has arranged under Eryſipelas, the fatal epidemic diſeaſe, termed by the French hiſtorian Mezeray, and others, Feu ſacrè, Feu St. Antoine, Mal des Ardens *, &c. I need not enter minutely into the hiſtory of this ſingular and moſt dreadful diſtemper, which is now known to originate from ergoted † rye, uſed as food.

* The first regular account of this disorder, was published by the Medical Professors at Marpurg, in the year 1597. See Hildanus, Obs. 69. Cent. II. Act. N. C. Dec. III. Ann. IV. Obs. 234, &c. Miscel. Nat. Cur. Cent. V. Obs. 82. and Hoffmann, Vol. I. Part II. Cap. 9. A full investigation of the subject, with references to authors, may be found in the Philosophical Transactions, Vol. LV. page 110, and in the Memoires de la Societè R. de Medicine, for 1776, pag. 303.

† Secale cornutum, *Ergot*, solum secale, vel duas aut tres alias plantas graminaceas Alpinas, infestans.—Vegetatio est irregularis grani secalini, quod substantiam quasi mediam inter granum et folium adipiscitur, coloris fusce viridis, irregulariter compressi, sæpe xiv vel xv lineas longum, ii latum. Tissot from Haller.

A minute description of the Ergot in rye, is given by M. Tessier, who by feeding or cramming Turkies and other animals with it, produced in all of them the dry gangrene, and death.

The Morbus Hungaricus (Sennert. De Feb. L. IV. Cap. 14.) and some other diseases, reputed pestilential, might be added to the list of epidemics, occasioned by the Ergot; or by a similar degeneration in other grain.—The Sweating-sickness, which occurred more than once in England, at the beginning of the sixteenth century, was perhaps owing to some disease or depravation in wheat, or to some noxious vegetable, growing

food. The ſymptoms of it may be divided into three ſeries or ſtages:

1. Diſtreſſing heat, with tenſive pain in the ſtomach, a ſenſation of creeping and prickling under the ſkin, ſucceeded by violent contractions of the muſcles, and moſt excruciating pains in the limbs.

2. Fever, ſevere pain in the head, terminating in

growing with it in particular situations. This disease extended chiefly over the northern counties, but neither affected the inhabitants of Wales, nor of Scotland, who did not, at the period mentioned, eat wheaten-bread. "Qui montana Cambriæ incolunt, caseo, lacte, pane avenaceo atque hordeaceo vivunt: Hiberni autem et Scoti dùriùs, &c. &c. Car. Claromontii, De Aëre, loc. & aq. Terræ Angliæ," pag. 36.—A similar disease appeared, A. D. 1529, in Denmark and Norway, Holland and Flanders, at Hamburg, Bremen, Lubeck, Dantzick, Cologne, &c. See Forestus, de Feb. pag. 157. Sennert. Lib. IV. c. 15. It is observed by Schiller (De Peste Britannicâ), that birds at that time fell dead from the trees "passim", with small abscesses under their wings. This he refers to a poisonous quality of the air; but was not the effect, more probably, produced by damaged grain taken as food, according to the result of Abbè Tessier's experiments? See Schenckii Obs. pag. 764. Galen has remarked, (De Alim. Facult. Lib. 1. Cap. 37.) that the seeds of Lolium temulentum mixed with wheat, or the degenerated grain, called black-wheat, will produce fever, head-ach, delirium, and gangrenous ulcers.—This subject is not closely connected with my present undertaking, but it appears so interesting, that I hope some physician of abilities will find leisure and inclination, to prosecute the research.

Phrenzy,

Phrenzy, Epilepſy, Apoplexy, Palſy, or Lethargy, and ſometimes in a total loſs of hearing and ſight.

3. Glandular ſwellings, and tubercles in different parts, ſwelling of the hands, legs, and feet, with an Eryſipelatous redneſs, and Phlyctænæ, &c. ſucceeded by gangrene and ſphacelus, under which, in ſome caſes, the limbs fall off, joint by joint.

The duration of theſe ſymptoms varies, in different caſes, from three weeks to three months; and in ſome perſons, the gangrenous Eryſipelas, or, as it is called, the dry Gangrene *, comes on, and even deſtroys the limbs, without fever, and without any previous ſuffering.

* La Gangrène sèche est caracterisée par la mortification de quelques unes des extrémités, et quelquefois de toutes. Souvent est elle précédée d'une rougeur qui n'est point inflammatoire, et de quelques Phlyctènes. Le membre s'engourdit, devient douloureux, et éprouve un sentiment de froid, ou plus souvent d'une ardeur insupportable. Les vaisseaux s'oblitèrent, les chairs se noircissent, se durcissent, la gangrene pénêtre jusqu' aux os, et le malade aux prises avec la mort, est encore heureux, si, la partie gangrénée se separant d'elle-même, il survit a la perte de ses extremités. Soc. de Med. 1776.

The *Malum mortuum*, mentioned by Constantine, Gordon, &c. after some of the Arabian physicians, seems to have been either this dry Gangrene, or the gangrenous ulceration in the last stage of Scurvy. Foresti Obs. Chir. 14. Lib. V. Sennertus, Lib. I. p. 1. cap. 27. Engalenus, De Scorbuto, Obs. LX. Fernel. De Abd. rerum causis, L. II. Cap. 15. pag. 635.

4. In the ERYSIPELAS ERRATICUM, red patches, of an irregular form, having all the characteriſtics of Eryſipelas (pag. 486), appear, one after another, on different parts of the body. When it affects adults, this complaint extends, in ſome caſes, progreſſively from the face * to the extremities, the patches above declining, as freſh ones appear below. In other inſtances, the red patches ariſe in various ſituations, without any certain order, thoſe which firſt appeared remaining till the whole eruption be completed. Some part of the face is uſually affected with redneſs and tumefaction during the courſe of the diſorder. The Eruption is attended with a quick pulſe, a white tongue, and great debility. It terminates, for the moſt part, favour-

* Extrema materiæ ex unâ in alteram partem volubilitas, sæpe ex leviori istiusmodi affectu, mox gravissima in aliis symptomata minatur. Præter alia non pauca inconstantis morbi exempla, aliud nuper in fæminâ conspeximus, cui Erysipelas, ad decimam tertiam adeò morbi, diem, ex facie ad pedem; ex hoc verò post paucum tempus ad coxam; mox iterùm ad vultum; ex isto ad intestina; ex abdomine ad eundem iterùm pedem; nunc ad costas & pulmonem; ultimo verò, ac lethali affectu, in cerebrum conversum est. Frank de cur. hom. morb. II. p. 38.

The account of Erysipelas typhodes in Sauvages, CL. III. ORD. I. 2. seems to be taken from a particular case of erratic or gangrenous Erysipelas. The patient, a delicate lady, was repeatedly vomited and purged, and was bled fourteen times; she lived, however, to the thirtieth day of the disease.

ably,

ably, in about a week. I recollect but one caſe, in which the diſeaſe proved fatal.—A labouring man, aged 40, after much fatigue and expoſure to cold, was affected with a cough, ſhortneſs of breath, and febrile ſymptoms. Five days afterwards, an eryſipelatous patch appeared on his left ſhoulder, and another on the left leg. On the 7th day, ſimilar patches appeared above and below the knees. On the 8th, his eyelids became tumid and red. About this time, the other ſwellings aſſumed a livid hue: the febrile ſymptoms increaſed, and were attended with deafneſs and coma. On the 9th day, the tumor of the right eye extended to the temple, upon which ſmall Phlyctænæ ſoon after formed. On the 11th and 12th, the patient ſeemed totally inſenſible; his pulſe became feeble and irregular, and he died on the following day.

There is a ſingular ſpecies of Eryſipelas, which affects infants newly born. In ſome inſtances, the diſeaſe has been connate: more frequently, however, it appears a few days after birth *, on one ſide of the face, or on the neck, back, and arms, but eſpecially about the navel, being attended with redneſs, and a painful tumefaction. It ſoon extends, in irregular

* In a few cases, it has occurred in the 3d, 4th, and even as late as the 6th month. Dr. Underwood, p. 34. & Act. nat. Cur. Vol. VII.

patches, to the genitals, to the thighs, and down to the feet, and the ſwellings are ſucceeded in a day or two by Phlyctænæ (DEF. XI.). During their progreſs, the child is feveriſh, reſtleſs, and unwilling to ſuck. The complaint often terminates favourably in ten or twelve days. It is, however, to be obſerved, that the Eryſipelas, thus affecting infants, aſſumes in many caſes the gangrenous form, the redneſs ſoon changing to a purple or livid colour, after which the integuments of the abdomen, nates, and lower extremities, exhibit ſphacelated ſpots. If the child live, under this ſtate, a ſufficient length of time, ſome of the toes or fingers, or even the genitals, are nearly deſtroyed by the mortification. The diſeaſe, however, uſually terminates in death, before any ſlough or ſeparation can take place *.

The Maculæ volaticæ infantum of Sennertus, which, it has been obſerved (pag. 28), ſeem to coincide with the Strophulus volaticus, deſcribed in a former part of this work, are thought by ſome authors to refer likewiſe to the Eryſipelas affecting new-born infants. Sennertus's † account of them, is as follows: "Libelli

* Umbilicalem regionem in infantibus frequentiùs infeſtat, ac indè per abdomen ſpargitur cum gravibus pathematibus, funeſto utplurimùm eventu. Hoffmann.

† Lib. V. Part iii. Sec. 1. Cap. 6. Compare Sebizii Manual. Part. VI. Cap. 32. De Volaticâ.

practici

practici Germanici, ut in Gabelchoveri Practicâ, et Promptuario medico Wittichii, et aliis, videre eſt, faciunt inter morbos pueriles mentionem affectûs, Der Flug appellati, quem nunquam vidi. Deſcribunt autem, quòd ſint Maculæ quædam volaticæ, rubræ, vel purpureæ, in cute hinc inde ſerpentes, quæ ſi orificium aliquod, os puta, nares, oculos, aures, nates attingant, et eouſque penetrent malum, lethale fieri: quæ Maculæ, ſi dantur, proculdubiò Eryſipelatis ſpecies ſunt."

In the Miſcellanea Curioſa * for the year 1684, a diſtinct caſe of the infantile Eryſipelas, is given by Dr. J. Burgius, in which, all parts of the body were affected ſucceſſively, excepting the breaſt, the chin, and the prominent part of the forehead. The diſeaſe terminated favourably, by deſquamation, in about three weeks.

This complaint is denominated Herpes eryſipelatoſus ſeu volaticus infantum, by Dr. Buckner, Miſcellanea-Phyſico-Medico-Mathematica, Ann. 1727; and by Dr. J. H. Furſtenau, (Act. Nat. Curioſor. Tom. IV. Obſ.

* Dec. II. Ann. iii. pag. 334. The case is quoted, Medical Communications, Vol. II. p. 42.

35*.) both of whom have noticed the fatality of it, and have favoured us with ſeveral intereſting obſervations. —A caſe of the Herpes eryſipelatoſus, occurring in a child ſix months old, is given by Dr. Schlierbach, Tom. VII. Obſ. 66. He ſays, Eryſipelas cum effloreſcentiis a facie, pectus et humeros ulteriùs ſerpendo occupabat, hisque relictis, dorſum et abdomen pervagabatur ſucceſſivè, cum inſigni ſcroti intumeſcentiâ, multumque tunc negotii faceſſebat, ſiquidem etiam veſiculæ pellucidæ hinc indè interſperſæ adparebant, donec ſpatio trium hebdomadum totum corpus derelinqueret, priſtinaque ſanitas rediret, poſtquam internè uſus alexipharmacorum et temperantium, unà cum decoctis ex lignoſis et anti-catarrhalibus paratis; externè verò leniter exſiccantia et camphorata ſimul, in ſubſidium vocata fuerant. Battenbergæ d. 4 Jun. 1724.

An enlarged account of this diſeaſe, with caſes and obſervations, appears in the 2d Vol. of Medical Communications, publiſhed by the Society for promoting Medical Knowledge; London, 1790. Dr. Bromfield ſtates the caſe of a child, "born with its whole face

* Compare Tom. VIII. Obs. 97. where, he observes, the disease was less fatal to female children than to boys.—De scroto funesto eventu affecto, passim observationes prostant;—genitalia in puellis, natesque, impunè affecta, subindè vidi.

ſwelled

ſwelled and inflamed, particularly the left ſide of it, which had the true eryſipelatous appearance. The legs, feet, and hands were likewiſe ſwelled and inflamed, and, on each tibia, there was a dark-brown or livid ſlough of an oblong form; that on the left, extended almoſt two-thirds of its length, was nearly an inch in diameter, and had a granulated appearance; that on the right was not ſo large. The ends of the toes felt cold, and were covered with black ſloughs."—On the 3d and 4th day, numerous veſications formed on the face and legs, which, when broken, diſcharged a ſanious fluid. On the 7th day, a yellow ſlough appeared on the metatarſus of the left foot, near the leſſer toes; this in a day or two became quite black.—On the 9th, the ſloughs began to ſeparate; on the 10th day, the cuticle and ſome of the nails of the toes of the left foot came away with the dreſſings, leaving the toes covered with a new cuticle. On the 15th and 16th, the thick ſloughs came off from the tibiæ, and left the denuded parts of a florid good colour.—On the 16th and 17th, the ſloughs were ſeparated from the cheek and forehead; that on the metatarſus did not come away till the 19th. On the 18th, ſome aphthæ were obſerved on the tongue and lips, but they ſoon diſappeared. "On the 25th, the ſloughs from the hand ſeparated, when the little finger, and two joints of that next to it, came away on the dreſſings. Five days after

after, one joint of the middle finger came away in like manner. On the 32d day, the child was removed from the Hoſpital."—Dr. Bromfield ſaw this infant ten days afterwards, in perfect health.

In the caſes recorded by Dr. Garthſhore, the diſeaſe chiefly affected the genitals, and the abdomen, near the umbilicus. More than two-thirds of the patients recovered.—Of eight who died, five were carried off ſuddenly in leſs than 48 hours. In one, who had the Eryſipelas on the left arm, ſuppuration took place at the back of the hand, and alſo near the elbow: the other arm and the legs were ſoon after affected with redneſs and tumefaction; and on the 11th day, the abdomen, as high as the navel, became tumid, and of a dark red, or purple colour. On the 12th day, the ſkin of the nates and loins was variegated with gangrenous ſpots and pale interſtices, and the redneſs extended round the neck to the roots of the hair. This child died on the 13th day.—"In two other caſes, the inflammation ſeized the genitals with ſuch violence, that veſication and mortification came on ſo rapidly, as to render all of endeavours to relieve the complaint ineffectual. One theſe patients died on the third, the other on the fourth day." Dr. Garthſhore further remarks, "More children have died when the genitals were firſt affected, than when the diſeaſe attacked any other part."

To

To theſe accounts of the infantile Eryſipelas, Dr. Underwood adds, "Upon examining ſeveral bodies after death, the contents of the belly have often been found glued together, and their ſurface covered with inflammatory exudation, exactly ſimilar to that found in women who have died of puerperal Fever. In males, the tunicæ vaginales have been ſometimes filled with matter, which had evidently made its way from the cavity of the abdomen, and accounts for the appearances of the organs of generation juſt now deſcribed: in females the labia pudendi are affected in like manner, the pus having forced a paſſage through the abdominal rings *. —"In a few inſtances, the diſeaſe has been attended with ſome varieties. Infants have not only come into the world with ſeveral hard and ſub-livid inflammatory patches, and ichorous veſications about the belly and thighs, but with other ſpots already actually in a ſtate of mortification. A large eſchar has ſoon ſpread upon the ſpine of the tibia, with ſmaller ones about other parts of the legs, and on ſeveral of the toes and fingers." Pag. 37.

An appearance, which has taken place, in a few caſes,

* On the diſeaſes of children, Vol. I. p. 35.

ſoon after inoculation with variolous matter, ſeems referable to Eryſipelas. The arm inoculated becomes within 30 hours, red and conſiderably ſwollen from the ſhoulder to the elbow. On the 4th or 5th day of the inoculation, the redneſs and ſwelling appear on the fore-arm, and before the end of the 6th day, they extend in patches down the back. On the 8th and 9th day, the hands are much ſwollen, and ſometimes veſicated, and the redneſs is diffuſed over the legs and inſteps, with ſymptoms of Fever, difficulty of breathing, and violent irritation. Of two infants, thus affected, one died on the 14th day after inoculation, the other on the 15th, the Small-pox not having appeared. One of them, aged four months, was inoculated from the confluent chryſtalline ſpecies of Small-pox; the other, aged three months, with recent fluid, taken from a favourable ſubject in the Hoſpital.—A ſimilar complaint occurs, about a fortnight after the variolous eruption has begun to decline, in ſome caſes, both of the natural and inoculated Small-pox*: it continues for a week or two, extending gradually in large and elevated patches

* All the appearances described, have been likewise observed two or three weeks after Vaccine Inoculation. See the cases stated by Mr. Maddock, Dr. Clutterbuck, and Dr. Barry, in the Medical and Phyſical Journal for 1801; and by Mr. Morrison, in the Medical and Chirurgical Review, Vol. IX. pag. 389.

over

over the whole body, with partial veſication: during its progreſs, the patient ſuffers greatly from heat, fever, loſs of ſleep, and frequent nauſea or vomiting.

I have obſerved, in ſome caſes, at nearly the ſame period after the Small-pox, another appearance, which is attended with fever, and in general conſidered as eryſipelatous *, but which, perhaps, may be properly ranked with the Erythema marginatum, page 477. A circle is formed round the vertex, with a dark-red and elevated circumference, including an area of a more dilute red colour. The area gradually dilates, the border advancing a little daily. Thus, in ſix days, it paſſes over the face and ſcalp to the neck, and produces a conſiderable ſwelling of the face, and of the eye-lids. The red border then proceeds from the ſhoulders and axillæ, down the arms, and along the trunk of the body, which it nearly ſurrounds; at the beginning of the third week it reaches the groin; afterwards it encompaſſes the thighs †, and in a few days extends to the feet, producing a conſiderable tumor of the inſtep. The hands, in like manner, when the border has paſſed on to them, become hard, ſwollen, and contracted.

* "The redness has the appearance of an Erysipelas, and is attended with swelling and hardness of the skin." Dr. Winterbottom.

† See PL. XXXIII. Fig. 2.

For two or three inches behind the elevated border, the ſkin remains reddiſh, or ſtreaky, ſo that when the abdomen is affected, it appears as if encompaſſed by a pink ſaſh or girdle. At a greater diſtance, the ſkin becomes of the uſual colour, unleſs it be chequered with patches of redneſs, which in ſome caſes appear, from time to time, but do not continue long. The parts over which the border has paſſed, deſquamate in ſucceſſion. A month, reckoned from the beginning of the complaint, ſometimes elapſes before a new cuticle is formed.

In one caſe, the red circle firſt appeared round the neck, with much pain and ſwelling of the lymphatic glands; it then advanced over the face and ſcalp, and, at the ſame time, another red border proceeded downwards, over the cheſt and trunk of the body, to the lower extremities. Mr. Wachſel ſhewed me lately, at the Inoculation Hoſpital, a caſe of this kind differently modified. About 20 days after the decline of the natural Small-pox, he obſerved on a child two red circles advancing as above deſcribed, one from the vertex downwards, the other from the ancle or inſtep upwards. On the day, in which theſe circles met, in their progreſs over the trunk of the body, the child died.

The chief exciting cauſes of Eryſipelas are intemperance, and expoſure to cold after violent exerciſe, particularly

particularly in ſummer *. The diſeaſe appears in different forms according to the age and conſtitution of the perſons affected. Thoſe who are young and robuſt have the phlegmonic Eryſipelas: women, old men, children, or in general, perſons of a weak habit, are moſtly affected with the œdematous, gangrenous, or erratic Eryſipelas. Reſpecting the cauſes of Eryſipelas occurring in infants at their birth or ſoon afterwards, Dr. Garthſhore obſerves, pag. 40, "We found that, in ſeveral inſtances, the mothers had indulged themſelves in the uſe of ſpirituous liquors; but, in many others, we could diſcover no ſuch cauſe, nor indeed any other,—though, upon the whole, it has chiefly attacked the delicate children of weakly mothers."—This diſeaſe ſeldom appears but in Hoſpitals and Work-houſes, where only thoſe women can be ſuppoſed to repair, who have no hope of domeſtic comforts, and ſupport, during the pains of child-birth, or in the ſtate of weakneſs after

* Inter hæc primum locum ſibi vindicant animi affectus vehementes, ira præſertim, ac terror .... Excludit dein Erysipelas aer nimis calidus, et intensior solis ardor, necnon vicissim subita & vehemens corporis vel pedum refrigeratio. Idem facit cibus calidus, potus exæstuans, crebra ebrietas, necnon balneum fervidius .... Speciatim capitis Erysipelas frequentiùs accidit his, qui diù noctuque in aere humido & pluvioso degunt: item senibus & puerperis, a frigidioris venti in unam magis partem ac fortiori actione, sæpissimè hic morbus originem agnoscit. Hoffmann, de Febre Erysipelaceâ, & Frank. II. 47.

it.

it. Inſufficient diet, in addition to the anxiety and diſtreſs often endured previouſly to admiſſion, will fully account for the reduced ſtate of conſtitution in many of the mothers, and in their offspring.

It does not ſeem neceſſary to conſider an appearance reſembling Eryſipelas, occaſioned by the ſting or bite of certain inſects, or by other cauſes of irritation, which have a temporary effect on the ſkin, without always affecting the conſtitution. The eruption produced by ſeveral animal and vegetable poiſons, and deſcribed by authors * as an univerſal Eryſipelas, ſhould perhaps be ranked under the genus Urticaria.—I think it likewiſe unneceſſary to deſcribe the ſymptomatic Eryſipelas, produced by wounds, or punctures, in the head or extremities, eſpecially when the perioſteum has been injured. This ſevere and dangerous complaint is noticed by all ſyſtematical writers on Chirurgery, ſince the time of Hippocrates †; and an efficacious mode of treating it, ſeems to be now eſtabliſhed in our Hoſpitals.

When the acrimonious lymph, contained in the Phlyctænæ or veſications of a genuine Eryſipelas, is inoculated, or caſually applied to any ſlight wound in a

* See Sauvages Nosol. Method. ERYSIPELAS.

† Sect. VII. Aph. 19.

perſon,

perſon otherwiſe healthy, it produces febrile ſymptoms, with a red and painful but diffuſe ſwelling, analogous to that of the diſeaſe, from which the virus was derived.—The Eryſipelas, however, more eſpecially the form of it intitled Eryſipelas phlegmonodes *, is not, in general, ranked by medical authors among contagious diſorders. Dr. Wells has ſtated, "ſeveral facts, which ſeem to prove that it may, ſometimes at leaſt, be communicated from one perſon to another †." —We ſhould ſcarcely expect that the erratic form of Eryſipelas, occaſionally affecting new-born infants, could be either communicated, or received, by contagion; but the following inſtance, adduced by Dr. Wells, on the authority of Dr. Pitcairn, deſerves conſideration. "A lady, immediately after delivery, was attacked with a fever, which was accompanied with an

* In the year 1785, I ſaw a young girl, ſeverely affected with this ſpecies of Erysipelas, in conſequence of exposure to cold. Her mother, a healthy woman of about 40 years of age, who had been her only nurſe in the complaint, was ſuddenly affected on the eighth day of her attendance, with ſymptoms of fever, and with an erysipelatous tumor on one ſide of the face. No ſatisfactory concluſion can be drawn from a ſingle inſtance, and I have not met with another in the three-and-twenty years which have elapſed ſince the period mentioned.

† Tranſactions of a Society for the Improvement of Medical and Chirurgical Knowledge; London, Vol. II. page 213.

affection

affection of her ſkin, ſomewhat like Eryſipelas. Her child, about three days after its birth, was ſeized with that ſpecies of Eryſipelas, the French call *la gelure*, which firſt appeared about the pudenda, and afterwards extended itſelf to other parts of the body, among the reſt to the face. Both the lady and her child died after a few days illneſs: and about eight days after the death of the child, the lady's mother and the ſervant maid, both of whom had attended it during its illneſs, were attacked with Eryſipelas of the face, from which, both of them recovered."—In Hoſpitals, even the ſymptomatic Eryſipelas, produced by a wound, or a puncture, has ſometimes become contagious, and proved fatal to ſeveral perſons in the ſame ward. The diſeaſe, in ſuch inſtances, is probably combined with the Typhus or malignant Fever. In like manner (ſee page 333-4), this Fever is often complicated with an ulcerated Sore-throat, and has thus been extenſively communicated from one perſon to another, as it were under a double form.—A ſimilar complication may be ſuppoſed to take place, when the puerperal Fever* ſpreads by contagion.

* The contagious puerperal Fever, chiefly occurs in Lying-in Hospitals. See M. Pouteau's Observations, in the Mem. de l'Acad. des Sciences. This disease has been observed at Paris, Lyons, Dublin, London, Edinburgh, &c. and was generally fatal. On dissection, there appeared in the

All the ancient writers, except Galen, recommend blood-letting as a principal remedy in the treatment of Eryſipelas. This practice muſt evidently be improper in the three forms of Eryſipelas laſt deſcribed, and even in the Eryſipelas phlegmonodes, it does not always appear neceſſary. When the blood drawn is ſizy, practitioners are often induced to bleed a ſecond time *; but we generally find, in London, that repeated blood-letting aggravates the ſymptoms, and protracts the diſeaſe †. In a comatoſe or apoplectic ſtate, the application of leeches, or cupping glaſſes, at the nape of the neck, may be adviſable.

Many phyſicians object to bliſters in Eryſipelas: I have applied them occaſionally, between the ſhoulders,

the womb, peritoneum, or omentum, some degree of inflammation, with patches of gangrene. At Edinburgh, in 1774, the contagion was suppressed by ventilating the wards, by white-washing the walls and ceiling, and by cleansing the floors, bedding, and furniture.—See Dr. Hull's remarks, On Phlegmatia dolens, Pag. 46—8. Manchester, 1800.

* Sanguis, copiâ satis largâ, quamprimùm mittendus est, &c. Mead, Monita Medica, Sec. VI.

Prof. Cullen, at Edinburgh, "employed blood-letting, according to the urgency of symptoms," to the eighth, ninth, or tenth day of the disease. § 563. First Lines, and Lectures on the Practice of Physic.

† See Bromfield's Chir. Obs. Vol. I. p. 108.

with manifeſt advantage, when the face and ſcalp were affected. I muſt, however, obſerve, that it is not ſafe to put either bliſters or leeches on or near to the diſeaſed ſurface. Saline medicines, and preparations of antimony, or the compound powder of ipecacuanha, may be employed as diaphoretics, according to the circumſtances of the diſorder. The effects of Camphor and the dulcified acids, in allaying the febrile ſymptoms, and preventing too great a determination of blood to the head, ſeem to have been much over-rated by Hoffmann and other writers *.—It is requiſite, every other day, to adminiſter a gentle purgative, ſince coſtiveneſs is an uſual ſymptom of the Eryſipelas phlegmonodes. Dr. Friend thinks the uſe of active purgatives indiſpenſable in this diſeaſe, and has made ſome general remarks on the ſubject, which deſerve attention †.

Eſt et aliud morbi genus, idque ſatis periculoſum, in quo etiam, cum minimè deferbuerit febris, ità mirificè proficiunt purgantia, ut aliquandò ſine iis ad ſanitatem perveniri non poſsit. Morbus is eſt capitis Eryſipelas. . . . Satis mihi experimentis edoctus eſſe videor ut pronuntiem, ſiquandò cerebro tentato oboriatur coma, de-

* See Hoffmann, De Feb. Erysipel. &c. &c. Riverii, Obs. Med. 18. Cent. XI.

† Commentarii De Febribus, pag. 135-137.

lirium

lirium, nervorum diſtenſio, aut nullam ſubeſſe ſpem ſalutis, aut purgantia maximè profectura: neque in his rerum anguſtiis expectandum eſſe, quod et in Variolis experimur, dùm vel febris lenita ſit, vel tumor planè ſubſederit. Quodſi morbum jam ad extrema perductum ſubmovere poſſit purgatio, certè eadem temporiùs adhibita, ne is ità longè ſerpat, præcavebit.—Compare Rodericus a Fonſecâ Conſult. Med. 44.

In the Eryſipelas œdematodes, we ſhould employ bliſters, diaphoretics, volatile alkali*, and purgatives, during the firſt three or four days, and afterwards Peruvian bark, conjoined with diuretics. By theſe means, the duration of the complaint may be conſiderably ſhortened.

In the Eryſipelas gangrænoſum, a free uſe of the

* "In these disorders, (as well as in the Scarlet fever (page 377), whether common or malignant, I generally give about six grains of the volatile alkali (carbonate of ammonia) at a dose, either in a state of solution, or made into pills, ordering the dose to be repeated every two, four, six, or eight hours, as the degree of disorder, or the urgency of symptoms may seem to require."—Dr. Peart's Practical Information on Erysipelas, Erythema, &c. &c. London, 1802.

"It would be imprudent in me to say positively that the volatile alkali is a specific in these disorders, but I certainly can say, that its effects have constantly been such, in my practice, as powerfully to incline me to think so, and to excite me to hope it will be found so." Do. page 24.

bark * is neceſſary throughout. The mineral acids, and opium in moderate doſes, are likewiſe of great utility. In other reſpects, the plan and regimen is the ſame as in malignant Fevers.

The Eryſipelas erraticum requires nearly the ſame treatment as hath been already directed for the Eryſipelas œdematodes. When this diſeaſe affects infants, and ſhews a tendency to gangrene, the powder of Peruvian bark, or ſome preparation of it, ſhould be diligently adminiſtered. Beſides this remedy, the Phyſicians of the Britiſh Lying-in-Hoſpital applied ſpirituous embrocations, particularly the camphorated ſpirit of wine, with ſignal ſucceſs. Dr. Garthſhore† obſerves, "I know but of one inſtance, wherein this mode of treatment, when early and regularly purſued, has not proved ſucceſsful; and even in that, its efficacy in protracting life, ſeemed conſiderable." He adds, "There is no diſeaſe in which I can ſpeak of the apparent good effects of the bark with more confidence than in this. Beſides what I have ſeen of its efficacy in the Hoſpital, I have had ſeveral opportunities of pre-

* "Dr. George Fordyce, for upwards of twenty years, had been accuſtomed to give, at St. Thomas's Hospital, a drachm of the Peruvian bark in powder, every hour, in dangerous states of the Erysipelas."

Dr. Wells.

† Med. Communications, Vol. II. pag. 34. 37.

ſcribing

ſcribing it for the ſame appearances (though in a milder degree), in private practice. I have often ſeen the diſeaſe, after attacking ſucceſſively all the different parts of the trunk and extremities, at length yield to the continued uſe of this remedy."

" Saturnine applications, in ſome of our firſt caſes, where the bark was given internally at the ſame time, were thought to be uſeful; yet, from a variety of inſtances, which have occurred ſince, I think I am juſtified in concluding, that when uſed by themſelves, they were ſo far from ſuſpending, that they ſeemed to accelerate the fatality of the diſeaſe. For this reaſon they have been laid aſide at the Hoſpital for many years."

External applications are ſeldom neceſſary in the other forms of Eryſipelas. In order to allay the irritation produced by the acrid diſcharge from the broken veſications (pag. 490-3), we may, from time to time, advantageouſly foment or waſh, the parts affected, with milk, bran and water, thin gruel, or a decoction of elder flowers and poppy-heads.

ORDER IV.

II. PEMPHIGUS.

THE PEMPHIGUS * is an acute diſeaſe, characterized by an eruption of Phlyctænæ, or Veſications with an inflamed baſe, appearing in ſucceſſion on different parts of the ſurface of the body, and ſometimes in the mouth. It differs from Eryſipelas in its progreſs and duration, but it is more particularly diſtinguiſhable from that diſeaſe, as it does not exhibit any tumefaction, or redneſs, of the parts on which the veſications appear.

* This disease is termed by the German physicians, Febris bullosa, ampullosa, or, vesicularis.

In Febre pemphygode, ampullosâ dictâ, tàm facies et os, quàm caput et aliæ partes corporis, bullulis hinc indè protuberantibus interstinctæ observantur. Etmuller de Febribus acutis, pag. 288. Compare Delii Amæn. Med. Dec. I. Vogel, De Morb. cogn. et curand. § 159. Burserii Institut. Med. Pract. Vol. II. Cap. 7. Macbride's Introduction, II. 389.

The varieties of Pemphigus, deſcribed by medical writers, may be arranged under the titles, Pemphigus vulgaris, Pemphigus contagioſus, and Pemphigus infantilis. Having never myſelf ſeen an inſtance of either of the former, I cannot do more than ſtate what has been ſaid reſpecting them by authors.

1. The PEMPHIGUS VULGARIS coincides with the Pemphigus major of Sauvages, and the Febris veſicularis catarrhalis of Delius*. From the different accounts of this complaint, it appears, that after a ſeries of febrile ſymptoms, as ſhiverings, heat of the ſkin, head-ach, thirſt, nauſea, a ſenſe of oppreſſion, with anxiety in the ſtomach and cheſt, difficulty of ſwallowing, and often a delirium, the Bullæ ariſe, with a ſlight redneſs at their baſes, generally on the ſecond or third day, but, in ſome caſes, on the fourth, fifth, or ſixth day. They are, at their firſt appearance, very ſmall, but within forty-eight hours, they increaſe to the ſize of a filbert or a walnut, and are ſurrounded by a dark red border: they are diſtributed over all the ſurface of the body, and ſometimes over the tongue, fauces, and inſide of the cheeks. The eruption of them takes place ſucceſſively, and is, in different caſes, compleated in four, ſix, or eight days:

* Amænitates Medic. Dec. I. Cas. 9.

during

during that time, the febrile ſymptoms, in which there are only ſhort remiſſions, denote conſiderable danger. As the bullæ or phlyctænæ decline, the contents of ſome of them become yellowiſh, of others ſlightly livid. When they are broken, the ulcerated ſurface appears alſo livid, and diſcharges a thin ſerous fluid for ſome days, being finally covered with a black or yellowiſh ſcab. Two or three weeks elapſe before theſe ſcabs dry off, and the cuticle is reſtored.

I quote the following caſe at large, as it ſeems to have been the prototype of the deſcriptions of Pemphigus in ſeveral Noſologies.

D. Ch. Seliger, de Febre Pemphygode, seu Bullosâ.

" Minimè rectè eos ſentire autumat Cous (De rat. vict. in acut.), qui morbos in minutioribus differentes, uno eodemque nomine nuncupare nefas eſſe ducunt. Licitum itaque erit, ſequentem caſum ad Febres bulloſas referre, quantùmvis ampullæ non tantùm fauces ſed alias etiam corporis partes externas occuparint. Anno 1667, 25° Auguſti, Frid. Klimpel, quinquagenarius, et in ſuburbio noſtro degens, vicino ſuo in tegendâ novâ domo ſuppetias fert: in culmine autem conſtitutus, malignâque quâdam aurâ perculſus, in-

opinatò dolorem capitis graviſſimum, cum calore præternaturali conjunctum, perſentiſcit. Sequenti mane accerſitus audio patientem de intenſiſſimo calore, capitiſque dolore immaniſſimo, cum interiorum horripilatione quâdam, querelas agentem. Rebus ergo ſic ſtantibus, pro more mihi conſueto, ad nobiliora bezoardica, et alexipharmaca præcipitantibus mixta, ſtatim confugiebam, præſcriptis aliis pro calore et fermento febrili compeſcendo, et pro levando capitis dolore. Circà ſolis occaſum advolat uxor ejuſdem, faciemque mariti mirum quantùm intumuiſſe refert. Ego, cùm virium naturalium præſentiam exquiſiviſſem, eandem bono animo eſſe jubeo, et continuationem prædicti pulveris impero. Aug. die 27°: Patientem rurſus viſito, faucesque ejuſdem, et faciem bullis adeò defœdatam deprehendo, ut vix cognoſcibilis eſſet: immò ipſe etiam collum, manus, thoracem, tibiaſque, et alias corporis partes, quæ libero jovi fuerant expoſitæ, bullis majusculis inſtar globulorum quibus pueri ludunt contectas monſtrabat, ut ne hilum genuinæ et naturalis cutis dignoſcere poſſem: calor verò præternaturalis nonnihil remiſerat, reliquaque ſymptomata non adeò urgentia erant: ideòque a medicaminibus non deſtiti, et ſic intrà octiduum patientem, deo benedicente, priſtino vigori reſtitui *.

* See Ephem. Ac. Nat. Cur. Dec. I. Ann. viii. Obs. 56.—A similar case is recorded by Schenckius, Obs. Med. 2. L. VI. p. 771.

The firſt author, who employs the term Pemphigus, is Sauvages. To the hiſtory of the diſeaſe, abſtracted from the above narrative, and from the Amœnitates Medicæ, he has added ſome ſlight particulars of a caſe under his own obſervation. "Primùm illum obſervavi Anno 1725, in Noſocomio Monſpelienſi, apud militem cui, in Febris acutæ continuæ initio, numeroſæ in abdomine et femoribus exoriebantur veſicæ hemiſphæricæ, pellucidæ, in ambitu rubræ, quibus correptus fato ceſſit."—The title Pemphigus is likewiſe applied in Sauvages's Noſology, and in ſeveral Medical Journals, &c. &c. to an eruption of Bullæ, without fever. Caſes of this kind I propoſe to conſider under the next genus.

Dr. Winterbottom, phyſician to the colony at Sierra Leone, deſcribed to me an eruption, reſembling that of Pemphigus, which he had obſerved on the ſecond day of an intermittent or remittent Fever.—"A black woman, aged about forty, was affected in the afternoon of the 14th of Auguſt, with a paroxyſm like the cold fit of an Ague, for three quarters of an hour. This was ſucceeded by great heat, reſtleſſneſs, and anxiety, which ſymptoms continued nearly through the night, and then terminated by a profuſe perſpiration. On the 15th, ſhe felt a troubleſome itching on one arm, and obſerved there an eruption of veſicles or bullæ. The

ſize

ſize of them preſently equalled that of a filbert nut.—In the evening, ſhe had a return of the febrile heat, followed by ſtrong perſpiration, but not preceded, as before, by a cold ſtage.—When I ſaw her on the 16th, ſhe was free from complaint, but much alarmed at the appearance of the bullæ, of which there were ſix on the right arm, one above the inner condyle, the reſt on the inſide of the fore-arm. When opened, they diſcharged each about half a teaſpoonful of a thin yellowiſh fluid, and in a few days, the ſuperficial ulcerations were ſkinned over: the paroxyſm did not return, though the only medicine adminiſtered was a doſe of ſalts."

In the caſe of Pemphigus reported by Dr. Dickſon to the members of the Royal Iriſh Academy *, a middle-aged delicate woman, who had been much fatigued by attending her huſband through a low Fever, was herſelf affected with ſymptoms of fever, and with a ſore-throat. On the 4th day of the fever, there were large veſications on the tongue and inſides of the cheeks, filled with yellowiſh ſerum. On the 5th and 6th days, ſimilar veſications appeared ſucceſſively, on her cheſt, right arm, neck, and cheek. Others, of different ſizes, appeared on the 9th, 10th, and 13th days, chiefly over the abdomen. Each ſet of veſicles conti-

* Transactions, Vol. I. 1787.

nued four or five days, when the lymph was diſcharged, and the cuticle became ſhrivelled. The fever was, at firſt, attended with delirium, and, at the latter end, with conſiderable diſorder of the ſtomach and bowels; theſe ſymptoms abated on the 15th day, on the appearance of the catamenia, and the patient was ſoon afterwards reſtored to health.

Dr. Dickſon mentions, as a peculiarity of this diſorder obſerved by him in two inſtances, "that the veſicles took poſſeſſion of the internal parts of the body, and proceeded in ſucceſſion (ſome riſing, while others decayed) from the mouth downwards, through the whole alimentary canal."—The principal remedies employed by him in this caſe, were Peruvian Bark and anodynes.

2. PEMPHIGUS CONTAGIOSUS. The only circumſtantial account of an epidemic and contagious diſeaſe, anſwering to the definition of Pemphigus, is given by a Swiſs phyſician, Dr. Langhans, in the Acta Helvetica*, Tom. II. pag. 260.—Dr. Cullen thinks the diſeaſe there deſcribed, muſt have been the malignant Sore throat, and Dr. Frank refers it to the Scarlatina anginoſa.

* His Eſſay is entitled, Brevis delineatio Morbi qui, Anno 1752, in Valle Simmiâ, epidemicè graſſatus eſt:—The annexed tranſlation of it was made by my friend Dr. Cooke.

They

They are not, however, ſufficiently warranted to make this concluſion from Dr. Langhans' ſtatement of the ſymptoms, which is as follows.

" Towards the end of the laſt winter, an epidemical diſeaſe of a very peculiar nature, hitherto undeſcribed and unknown, made its appearance in this country, and prevailed, through the whole ſucceeding ſummer, in ſo violent a degree, that all perſons affected by it died. It was ſo highly infectious, that no perſon eſcaped it, who had for any length of time been expoſed to the contagion; hence it ſpread through whole families, with great rapidity."

" This diſeaſe bears more reſemblance to the Venereal diſeaſe than to any other with which we are acquainted, but with this difference, that the former proves fatal in twenty-four hours, while the latter may continue for years.—It begins with a ſlight almoſt imperceptible pain, with a ſenſe of tenſion in the fauces, extending from behind the ears to the anterior part of the thorax, accompanied by ſhivering, cold, and nauſea, as in intermittent Fevers, but with little or no heat. In ſome caſes, in the beginning of the complaint, a greeniſh bilious matter is brought up by vomiting. The pulſe is weaker than natural. The neck is often ſwelled externally; and internally in the fauces, about the uvula and the muſcles of the pharynx, bullæ, or puſtules, about

about the ſize of a filbert, are obſervable, which, however, are not accompanied with much pain. They often contain a yellow ichor, of a very diſagreeable ſmell. In other parts of the body alſo, as in the groins, between the thighs, about the pudenda, on the fingers, the lips, &c. ſimilar puſtules ariſe, from which an ichorous matter iſſues, whether the puſtules burſt ſpontaneouſly, or be opened by a lancet, which is ſometimes neceſſary, in order to prevent the ichor from injuring the ſkin, or ſubjacent parts. As the diſeaſe proceeds, on the ſecond, third, or fourth day, the puſtules in the fauces collapſe, and in their places whitiſh cruſts appear, a ſenſe of anxiety in the thorax is experienced, and the external tumor of the neck either begins to recede, or it encreaſes and degenerates into an abſceſs. If this abſceſs be immediately opened, the life of the patient will be preſerved; but, on the contrary, if a ſenſe of weight be perceived in the thorax before the ſwelling of the neck and the puſtules in the fauces have diſappeared, or the abſceſſes have been formed, the patient dies, as if ſuffocated by the burſting of an empyema."

"It is curious to obſerve, that perſons ſometimes die ſuddenly on the retropulſion of the matter of the puſtules, without any preceding ſuppuration.—The following are the uſual circumſtances obſervable, when the diſeaſe terminates favourably. Whenever it happens,

pens, that the poiſonous matter by ſome febrile action is driven from the fauces to the external parts of the body, the danger ceaſes. Thus the diſeaſe is terminated by abſceſſes in the inguinal or axillary glands, or in thoſe, which under the name of conglobate glands, begin behind the ears, and following the courſe of the jugular veins, deſcend into the thorax, and to the ſides of the aſpera arteria, and œſophagus, to the ſtomach, and to the lungs. Puſtules ariſing in other external parts, alſo afford relief. The fingers often are ſurrounded with a ſort of veſication, in which the whole of the poiſonous matter is collected, and thence at length expelled. This virus affects no parts of the body more than the above mentioned conglobate glands. It leaves the blood almoſt entirely untouched, but it ſo changes the lymph and ſerum, that the latter, after remaining a very ſhort time pent up in the glands, is changed into the matter of an abſceſs."

" The inhabitants of the diſtrict, where this virulent diſeaſe prevailed, are of opinion, that it derived its origin from the fogs which, about the end of the laſt winter, infeſted their whole country, and which are ſo unuſual at that ſeaſon. Their mode of living no doubt, renders them more ſuſceptible of this atmoſpheric poiſon. They indulge much in the uſe of ſpirituous liquors, ſuch as malt-ſpirit, cherry-brandy, &c.

&c. and they are in the habit of eating a very fat and acrid kind of cheeſe."

" The mode of treatment which I adopted, with a view to cure this diſeaſe, was as follows. I ordered veneſection to the extent of from ten to fourteen ounces, in order that the matter abſorbed into the blood might be diminiſhed, the circulation rendered more free, and the fluids be determined from the center to the external ſurface. In ſome caſes, the bleeding was repeated on the ſecond day. After veneſection, a large bliſter was immediately applied to the ſinciput, and the neck was covered with bread and milk poultices, which were renewed about every ſecond hour, and at the ſame time the patient was ordered to take the following draught.

R. Oxymel. ſcillit.

———————— helleborat. āā drach. ij

Mellis roſ.

Spir. nitri dulc. āā drach. j

Superbibatur alius hauſtus

R. Aq. Scordii unc. iij

Mixt. Simpl. s. camph. ſcrup. j

" After taking theſe medicines, the bed-clothes being properly arranged, the patient, in about a quarter of an hour, began to fall into a profuſe perſpiration, which I encouraged for four or ſix hours, by adminiſtering ſage-

ſage-tea, or milk whey. By this treatment, the patients, on the following day, found themſelves greatly relieved, the external tumours almoſt entirely diſappearing, together with the puſtules, which the day before had been ſo conſpicuous in the fauces. In order however, to ſecure them from a return of the complaint, I preſcribed, on the following day, a reſolvent powder of ſal ammoniac and nitre, to be taken every three hours, in ſage-tea, of which large draughts were likewiſe afterwards to be adminiſtered, and in the evening I ordered a doſe of Theriaca Andromachi, with Aqua Scordii, by which means profuſe perſpirations were again induced. After health had thus been reſtored, I kept the bowels open conſtantly for ſome days, with a decoction of black hellebore, and Seidlitz ſalt."

"It frequently happened, however, that my aſſiſtance was not called for, till after the puſtules in the fauces had collapſed, and the ſubjacent fleſh had become corroded by the ichor, and the glands of the neck and thorax had ſuppurated. In ſuch caſes, I found it neceſſary to proceed in a different way, and to recommend that the tumors ſhould be ſoftened, and brought forwards, till they were fit to be opened, and that the external ulcers of the fauces ſhould be kept clean, by a gargle, conſiſting of a ſolution of the pow-

der above-mentioned, by which means the healing proceſs was beſt promoted, where the lungs had not been corroded by the ichor."

" Thus, I flatter myſelf, I have accurately deſcribed the nature of this diſeaſe, and have pointed out a method of cure, which, although I at firſt employed it with anxiety and heſitation, I can now with pleaſure recommend to all perſons labouring under the complaint, with the moſt ſanguine hope, that it will effect a ſpeedy cure."

In the opinion of Dr. Langhans, this diſeaſe is without a parallel in medical writings, either antient, or modern. Sauvages, under the title Pemphigus caſtrenſis, has quoted from M. Thierry *, an account of a contagious epidemic Fever, attended with veſications. I will inſert his deſcription of it, but muſt at the ſame time obſerve, it is ſo deficient and unſatisfactory, that the nature or character of the diſeaſe, cannot be decided upon with any degree of certainty.

Il régnoit en 1736 une maladie fort contagieuſe a Prague: les reſources et les reflexions le la facultè étoient epuiſées. Toutes les methodes echoûoient contre la ferocitè du mal. Un grand praticien de cette

* Medicine experimentale, pag. 134. Paris, 1755.

ville,

ville, qui n'étoit pas plus avancè que les autres, conſiderant un jour les véſicules qui s'élevoient ſur le peau (j'en ai vú auſſi groſſes que des noiſettes), il trouva qu'elles reſſembloient a celles que forment les véſicatoires: il ſoupçonna que le ferment acre, qui dominoit dans les humeurs, pouvoit être du même caractère que celui que fourniſſent les mouches cantharides. D'apres cette idée, il ordonna le vinaigre bézoardique a ſes malades, et les ſauva tous, tandis qu'il n'en echappoit preſque aucun entre les mains des autres médecins.

It ſeems proper here to mention the peſtilential Pemphigus, or a ſymptomatic appearance of bullæ and phlyctænæ, in peſtilential Fever, a diſtinct account of which may be found in Dr. Hodges's Hiſtory of the Plague in 1666 *, alſo in Barbette and Etmuller on the

* De Veſiculis Peſtilentialibus, Anglicè, Blaines. Papulis his in veſiculam exurgere ſolenne erat cum dolore lancinante et exquiſito, humore intùs ſeroso, ſeu ichore, coloris ut plurimùm citrini, et velut ſtraminei, circulo diverſicolori, pluries rubicundo, munitis & circumdatis. Pustulæ hæ in quâvis corporis parte emerſerunt, quarum uti ſtatio varia, ità eorum numerus omninò incertus,—in quibusdam paucæ, plures in aliis; unam ſexûs ſequioris vidi totam iis ſcatentem; quoad magnitudinem, nulla regula aſſignari poterat, veſiculæ enim plurimæ fabam minorem adæquabant quandoque tamen intumuerunt grandiuſculæ nuci myriſticæ haud impares. Liquor inclusus ſuppurationis omninò incapax erat, qui utpote

the Peſtilence †. This appearance differs from the veſicular eruption, which ſometimes precedes Carbuncles, as mentioned by Galen ‡ and by all the antient phyſicians, and lately deſcribed by Aſſalini §, &c.

Galen is of opinion, that the "Dreadful appearance of the Febres pemphigodes," mentioned by Hippocrates, conſiſted in an eruption of phlyctænæ, with ulcerations ‖. As an inſtance, he quotes from Thucydides's Hiſtory of the Plague at Athens, a paſſage, where ſuch an eruption is particularly noticed **.—A ſimilar ap-

ſalinus, et fere causticus, post tantillam moram eruptâ vel corrosâ cysti effundebatur, cujus color nunc citrinus, nunc lividus, nunc nigerrimus: circulus insuper tuberculum ambiens, non semper unius faciei erat, inflammatio licet summa in principio hujusmodi eruptionis apparuerit. De Pest. Lond. pag. 120.

† Barbette, Tractat. de Peste; op. pag. 300. Etmull. Colleg. Pract. pag. 361.

‡ De Tum. præt. nat.

§ On the Plague, &c. See Dr. Neale's translation, pag. 54.

‖ Δεινης γαρ ιδειν πεμφιγωδιας πυρησεις ειρησθαι προσθεν ειπον εαν μελα φλυκταινων, και ελκωσεων γινωνται.—The author of the "Medical Definitions" attributed to Galen, defines Febris emphysodes or pemphigodes, as follows: "It is a Fever, which by the intenseness of the heat, produces blisters (φλυκιδας) in the mouth."

** Και το μεν εξωθεν απτομενω σωμα, ειτε αγαν θερμον ην, ειτε χλωρον, αλλ' υπερυθον, πελιδνον, φλυκταιναις μικραις, και ελκεσιν εξηνθηκος.

appearance

pearance occurs, in ſome caſes of the Typhus or contagious malignant Fever, eſpecially during the ſummer. Veſications with a livid baſe, containing a blackiſh lymph, ariſe in ſucceſſion on the legs, feet, and arms. They are about the ſize of hazle-nuts, and uſually intermixed with patches of the Erythema fugax, (pag. 473), or with petechiæ and vibices. I have ſeen them on the fourth day of the fever, and obſerved, when they appear thus early, that the diſeaſe has always a fatal termination *.

3. The PEMPHIGUS INFANTILIS exhibits irregular oblong veſications or phlyctænæ, of a conſiderable ſize, and generally flattened at the top. They are at firſt ſmall and tranſparent, but as they enlarge, the fluid contained in them aſſumes a purpliſh hue, and finally becomes turbid, from a ſlight admixture of pus. They are alſo ſurrounded by an inflamed border of a livid red colour. This eruption ſometimes appears in infants two or three days after birth†, on the neck, and upper part of the breaſt, on the abdomen, the groin, the ſcrotum, and inner part of the thighs. When the fluid is diſcharged, after the veſications break, the ulcerated ſurface is not diſpoſed to heal, but ſpreads beyond its

* See Medical Commentaries for 1774, and Reports on Diseases in London, July 1794, pag. 107.

† In one case, it occurred ten months after birth.

original

original boundary, and becomes extremely painful. As the veſications ariſe one after another in different places, and are all ſucceeded by ulcerations, the diſeaſe continues with little remiſſion, for ſeveral days,—generally till the patient expires under the complicated diſtreſs, ariſing from pain, loſs of ſleep, and violent fever.—The children thus affected, are often weak and emaciated, with a dry ſhrivelled ſkin. In the few caſes which I have ſeen, the mode of treatment above recommended in the Eryſipelas of new-born infants, was adopted, but with little ſucceſs.

This complaint is ranked with the Herpes eryſipelatoſus ſeu volaticus infantum, in the Acta Natur. Curioſor.*, and by Dr. Buckner, Miſcellanea Phyſico-Medico-Mathematica, Ann. 1727. It is properly deſcribed in the Commentaria Med. Lips. from Dr. C. J. Œhme's Diſſertatio inauguralis, Lipſiæ 1773.

Inter vitia integumentorum Cl. Œhme contemplatur exanthema illud quod Germanis Schälblaſſen appellatur, et creberrimè in recens natis apparet. Sunt veſiculæ majores limpidam aquam continentes, quæ marginem inflammatoriam oſtendunt. Apparent primò ad inguina, indè ad umbilici viciniam, axillas, et digitos deferuntur, et poſt tres quatuorve dies, exſiccatæ de-

* The case stated by Dr. J. R. Zuinger, vol. I. Obs. 81. differs, in some particulars, from the cases presented to my own observation.

cidunt

cidunt. Servant hæc exanthemata typum morbi quaſi epidemici, ut uno anno frequentiùs & copioſiùs occurrant quam in altero.

The Pemphigus infantilis, though different in appearance, is certainly analogous to the Eryſipelas of infants, (pag. 503), and ſeems to originate from the ſame cauſes.

The Pemphigus Indicus, of which Sauvages has taken his idea from Bontius, De Epidemiis in Indiâ morbis, Obſ. 3. was merely a ſymptomatic eruption of phlyctænæ in the malignant Dyſentery, accompanied with petechiæ and gangrenous ulcers *. In the ſame place, he improperly cites Morton's Pyretologia, (Appendix, pag. ult.) as referring to a ſimilar eruption of veſicles, in the Fever of the year 1691, which was attended with diarrhœa, or a ſlight dyſentery. Dr. Morton, however, ſeems to expreſs, by the terms Veſiculæ

* Rev. ac doctiss. vir Joannes Cavallerius, circà idem tempus correptus est Febre ardente, superveniente Dysenteriâ atrabiliariâ, quæ cum per aliquot dies continuasset, eruperunt sub axillis, in tergo circà lumbos, et inguinibus, etiam in collo, pustulæ ac vesicæ quædam, plenæ ac distentæ pure viridi, et subjectam cutem ad carnem usque erodente, quæ nobis primâ facie spem criseos faciebant; sed Dysenteriâ non cessante, nec febre, cum phrenitide ingravescente, probissimus simul et doctissimus juvenis ex hac vitâ ad cœlos raptus est.

aqueæ,

aqueæ, a miliary eruption ſcattered over the neck and breaſt, in ſome caſes, at the latter end of the diſeaſe.

The eruption of Hydroa or Hydatides, mentioned by Carol. Piſo, Obſ. 147-150, pag. 439, has been likewiſe termed Pemphigus, by Sauvages and others, but it was evidently nothing more than a ſymptomatic appearance of miliary veſicles, which occurred in the laſt ſtage of a Fever (Synochus putris), and which terminated by deſquamation, not, according to the account of Pemphigus, by ſcabs, or extenſive excoriations.

Sauvages's fifth ſpecies, Pemphigus Braſilienſis, is ſaid to be produced by handling the Coluber bicephalus, either alive or dead; but we might as reaſonably aſſign a place in noſology, to the appearance excited by rubbing the ſkin with the Meloë veſicatorius *, or with the ſhell of the caſhew nut.

A caſe in the Act. Nat. Cur. vol. IX. Obſ. 18. entitled

* This has been occasionally done, and with a striking effect, by persons who wished to attract attention, and to benefit by the commiseration they excited. Some time ago, a woman applied to Dr. Meyer for medical advice and assistance, and shewed on her arms, &c. an extensive eruption of bullæ, of the size of hazle-nuts. Her account not being very consistent, some suspicion arose, and, on the second or third visit, she was betrayed by the shining particles of cantharides, which, on a close examination, were observable in the furrows of the skin.

titled Febris acuta, veſiculoſo-eryſipelacea, has alſo been conſidered as a caſe of Pemphigus; but, on cloſely attending to the ſymptoms *, we ſhall find that the diſeaſe was the Scarlatina anginoſa, and that the veſicular appearance was nothing more than the ſymptomatic eruption deſcribed above, pages 258, 278.

The caſes ſtated in the firſt volume of Medical Facts and Obſervations, (pag. 205), by Mr. R. B. Blagden, do not agree with other accounts of the Pemphigus: I am inclined to think the diſeaſe deſcribed was the Swine-pox, entitled by Sauvages, after Cuſſon, Hydrachnis, and by other writers Chryſtalli, Variolæ ſpuriæ, Variolæ aqueæ or lymphaticæ, Varicella, &c. Some of the veſications, in this complaint, increaſe to a conſiderable ſize, and they are often ſucceeded by ulcerations, and cicatrices or pits, as Mr. Blagden has mentioned. The appellation he has given to it, is countenanced by Dr. Frank, who denominates the Swine-pox, Pemphigus variolodes.

On concluding the account of Pemphigus as given by

* Insignis in totâ corporis superficie rubor—deglutitio difficilis—mox inflammatio et suppuratio in ore et faucibus,—delirium summum,—plenaria virium prostratio, &c. &c. pag. 57.—Sexto morbi die, multæ vesiculæ in toto corpore, imprimis circà digitos manuum pedumque, adparebant, quæ forfice apertæ purulentam tenuem materiam fundebant, cuticulâ deindè squamularum more secedente, &c. pag. 58.

medical authors, I take the liberty of propoſing the following queries:

1. Whether the caſe quoted from Seliger (page 524), is not a caſe of the Eryſipelas phlegmonodes, with ſome incidental variations *?

2. Whether in the caſes quoted from Sauvages and Thierry, and from the Tranſactions of the R. Iriſh Academy (pag. 527), the eruption was not ſymptomatic, and connected with the Typhus or peſtilential Fever, in the manner ſtated, pag. 535-7?

3. Whether the diſeaſe deſcribed by Dr. Langhans was not rather endemic than epidemic or contagious †, and

* Compare the case in Schenckii Obs. Med. pag. 771. Another case in the Acta Soc. Reg. Med. Hauniensis, vol. I. has been quoted as a case of Pemphigus, although the author himself, Dr. Gulbrand, termed the disease he described, Erysipelas vesiculosum.

† No mention being made of this disease in the succeeding volumes of the Acta Helvetica, or by any other author, we have not the means of reconciling Dr. Langhans's contradictory account of it. In the first paragraph, he informs us the disease was universally fatal: Per totam æstatem, æquali vehementiâ, duravit, ità ut omnes, qui eo corripiebantur, obierint. In the second paragraph, he compares it to the Lues venerea, noticing, however, one striking difference,—that it proved mortal in less than twenty-four hours. Notwithstanding these unqualified observations, he enumerates, in the succeeding page, the usual, and favourable modes, in which the disease terminated—Ordinarii ac salutares morbi exitus, quibus ægri ab omni malo liberari solent. He also says, that, in many cases, his attendance was not requested, till the vesicles in the throat were collapsed, and the glands had suppurated, circumstances which, according to,

and referable to ſome local cauſe, like the Mal des Ardens, &c. as mentioned above, pag. 499, note?

Not having been able to procure the Amœnitates Medicæ, to which Sauvages refers, I do not poſſeſs all the evidences reſpecting the exiſtence of the Febris bulloſa or Pemphigus, and cannot, therefore, properly give a definitive opinion upon it. I muſt, however, obſerve, that if the Pemphigus had ever exiſted in Europe, according to the noſological definition of it *, as an idiopathic, epidemical, and contagious diſeaſe, like the Peſtilence, Small-pox, or Scarlatina, it could not now have afforded us a ſubject of controverſy.

to his own statement, took place on the second, third, or fourth day of the disease (prout morbus incepit): see above pag. 530, 533.—Dr. L.'s account of the causes, is likewise unsatisfactory. If thick fogs, cherry-brandy, whiskey, and rancid cheese, could produce so singular a disorder, we should long ago have had reason to lament its existence and devastation in the British Isles.—Respecting the treatment, medical readers cannot fail to remark how inadequate the plan proposed by Dr. Langhans would be to arrest the progress of a contagious Fever, so virulent, and so fatal, as that which he has described.

* PEMPHIGUS. Typhus contagiosa; primo, secundo vel tertio morbi die, in variis partibus, Vesiculæ, avellanæ magnitudine, per plures dies manentes, tandem ichorem tenuem fundentes. CULLEN.

MORTA. Phlyctænæ aliquot in abdomine, sive artubus, magnitudine avellanæ:—Febris diaria, malignissima, funestissima. LINN.

ORDER IV.

III. POMPHOLYX.

THE POMPHOLYX is an eruption of Bullæ, (pag. 485), without any inflammation round them, and without fever *. This complaint is termed by Sauvages Pemphigus ſine pyrexiâ, and by Plenk, Pemphigus apyretos; but as it differs in the moſt material points from Eryſipelas, and from the Pemphigus deſcribed by Noſologiſts, I have applied to it a new generic title.—The terms Pomphos and Pompholyx, originally ſignified an air-bubble, but were afterwards employed in medical language, to expreſs reddiſh and rounded elevations of the cuticle, containing a watery fluid †. Pemphix, from whence is derived the word Pemphigus, denoted a ſmall veſicle or Phlyctæna ‡.

* See Plater, De Phlyctænis, tom. II. p. 678.

† Επαναςασεις τω δερματος οχθωδεις τε αμα και πλαδαραι, και ενερευθεις. Galen Exeges. And. Lib. 2. De Mulier.

‡ See Galen Comment. 6. in Epidem. Lib. 1.

I propoſe

I propoſe to conſider three varieties of the Pompholyx; Pompholyx benignus, Pompholyx diutinus, and Pompholyx ſolitarius.

1. The Pompholyx benignus exhibits diſtinct tranſparent bullæ, of about the ſize of a pea, or, in ſome caſes, as large as a hazel nut. Theſe appear, in ſucceſſion, on the legs, arms, chin, temples, or cheeks, and break in three or four days, diſcharging the lymph * they had contained. The excoriations preſently heal, and the cuticle is reſtored, without a pit or cicatrix. This eruption, which is not attended with any manifeſt diſorder of the conſtitution, ariſes from very different cauſes. Boys are ſometimes affected with it for a week or two in hot weather. I have known it occur, in the ſame perſon, three times during one ſummer. A ſimilar appearance has been obſerved in ſome young perſons of an irritable conſtitution, after taking a few grains of mercury; in others, the eruption has been produced by the action of acrid vegetable ſubſtances on the ſtomach.—Infants are often affected with the Pompholyx benignus during the period of dentition: the bullæ generally appear on the face, thighs, arms, and ſides of the abdomen,

* According to Mr. Gaitskell's experiments, "the fluid contained in the veſicles of Pompholyx is less saline, and contains a less proportion of coagulable lymph than the serum of the blood, there being only two grains of coagulum in thirty-two grains of the vesicular fluid." Mem. of the Med. Soc. of London, vol. IV. art. 1.

and

and are ſoon removed, without any diſagreeable conſequence*.—An eruption of the ſame kind has been obſerved, in a few inſtances, after Vaccine Inoculation †. This might be owing to the application of dried matter, which had undergone ſome change in it's conveyance from one place to another, for no ſuch eruption, ſo far as I can learn, has occurred in London, where recent fluid is generally employed.

2. The POMPHOLYX DIUTINUS, is a tedious and painful diſorder, chiefly affecting perſons of a debilitated conſtitution, and particularly ſevere in thoſe who are of an advanced age. It commences with nu-

* Foresti Obs. Chirurg. 8. Lib. II. Lond. Med. Journal, vol. XI. pag. 234.

Dr. Underwood remarks, "that this eruption takes place both in bowel complaints and teething." On the Diseases of Children, vol. I.

"I have often seen what I suppose to be a milder form of the Pemphigus infantilis, above described. Solitary vesications arise in different parts, chiefly about the neck, and fingers, and on the inside of the thighs. These are filled with a thin yellowish fluid; the edges of the base appear reddish, but the redness extends a very little way from the blister. When the vesication is broken, the surface underneath appears red, but does not ulcerate extensively. Children thus affected, are sometimes pale and languid, but they do not appear to suffer much pain. A cordial plan of treatment usually restores them to health." DR. JOHN SIMS.

† See Appendix to the Treatise on this subject, pag. xii. Also the Rapport du Comitè central de la Vaccine a Paris.

merous

merous bullæ or veſications on the face and arms, and is diffuſed, by a gradual progreſſion, to the neck and breaſts, and round the body, to the groins, thighs, and legs, and ſometimes to the tongue, fauces, and the inſide of the cheeks *. The veſications ſeem to ariſe from red tingling elevations of the cuticle, nearly reſembling the larger ſort of papulæ †, (ſee pag. 73): within twenty-four hours they are of the ſize of a pea, and perfectly tranſparent, but if permitted to dilate, they afterwards become as large as a walnut, ſometimes aſſuming a yellowiſh hue. If the fluid be diſcharged from any of them by a ſmall orifice, they are again filled with lymph during the ſucceeding night. When the veſications are rubbed off, or otherwiſe removed prematurely, the excoriated ſurface is extremely ſore and inflamed, and does not heal for a conſiderable time. Ulcerations of this kind being multiplied as the diſeaſe advances, a ſlight

* Occupant quoque pustulæ, nasi, oris, et faucium, interiora. Hoffmann, Suppl. II. 489.

† PL. XXXIII. Fig. 1. A. represents this papulated appearance.
B. B. The Bullæ or Vesications full and transparent.
C. A Vesication beginning to turn yellow.
D. D. Vesications on the decline.
E. E. Broken Vesications somewhat inflamed.
S. The Scab beginning to form on the excoriated surface.
Fig. 2. represents an appearance of the Pompholyx, sometimes connected with the Prurigo formicans; see below, pag. 551.

febrile

febrile paroxyſm occurs every night, and the patinet ſuffers much from pain, loſs of ſleep, and confinement. Since the bullæ or veſications ariſe in ſucceſſion upon different parts of the body, and often re-appear on the parts firſt affected, we are not able, at the beginning of the complaint, to judge, with any degree of certainty, what will be the extent or duration of it. In ſome caſes under my own obſervation, it continued two months, in others three, or four, or even five months, ſo that the whole number of bullæ, amounted to ſeveral thouſands. After a ceſſation of ſome weeks, or months, the eruption frequently returned again, and proceeded in the ſame manner as before.

In a man aged forty-ſix, the veſications firſt appeared on the ſcrotum and about the groins, during the month of October, 1789: the eruption afterwards extended to other parts of the body, and to the tongue: it was removed in about two months. He continued free from the complaint till February, 1790, when a few veſications appeared on his wriſts; others aroſe on his arms, neck, ſides, ſcrotum, and lower extremities. Thoſe on the legs were ſlightly inflamed, and their contents became turbid from an admixture of pus: the reſt were pellucid, and without any redneſs or inflammation round them. The diſorder continued nearly three months: after it had diſappeared, the patient enjoyed good health,

but

but he was again affected with the eruption, at the latter end of June, in the year 1790.

In a widow, aged thirty-eight, the veſications began to appear on the cheeks and round the eyes, at the latter end of December, 1786. About the middle of January 1787, the eruption took place on her neck and breaſts, and afterwards affected ſucceſſively the ſhoulders, arms, back, and lower extremities. The veſications then aroſe from time to time, on different parts, without any regular order; ſome of them, which were nearly an inch in diameter, were ſucceeded by large painful ulcerations. The complaint wholly diſappeared in April, but returned again on the 12th of May, and continued for about a month.

The Pompholyx diutinus is uſually preceded, for ſeveral weeks, by ſickneſs, headach, and pains of the limbs, with a ſenſation of languor and laſſitude. Theſe ſymptoms do not always abate, on the appearance of the veſications.—The cauſes of this diſeaſe, or the circumſtances under which it appears, are not uniform. In ſome of the caſes preſented to my own obſervation, it was imputed to fatigue, anxiety, watching, and low diet: in others, it ſeemed referable to intemperance in eating, and exceſs in drinking ſpirituous liquors *. A young

* Hoffmann gives, at great length, the case of a lady, aged fifty, "of the Sanguineo-choleric temperament", in whom the disease recurred four

young woman was ſeverely and repeatedly affected with it, during five ſucceſſive ſummers, from the age of 18 to that of 24. The only peculiarity in her caſe was, that the catamenia had never appeared.

Eugalenus deſcribes the Pompholyx diutinus as a ſpecies of Dropſy, (Hydrops veſicalis), connected with Scurvy *. Caſes are alſo related in the Acta Nat. Cur. which prove the frequent coincidence of the Pompho-

times, through passion and intemperance. 1. From drinking largely ("cum summo appetitu et delectatione") of elicampane wine. 2. By eating too much fruit, &c. and by fits of anger. 3. By taking large draughts of cold water, in order to refresh herself after a paroxysm of rage ("cùm vehementi irâ excandesceret"). 4. By again indulging her inveterate habits, "post errores in diætâ rursùm commissos, animique commotiones", &c. &c.

On the two first attacks, the disease continued a month, many fresh vesications appearing every evening, with symptoms of Fever. They differed, in magnitude, from the size of a bean to that of a hen's egg. Some of them, which had become confluent, resembled the small intestines when in an inflated state: others contained lymph of a greenish or livid colour, and were succeeded by spreading ulcerations. All of them, according to the patient's account, began to rise with a hissing noise (cum sibilo). De affectu raro Scorbutico Pustulari, ed. ann. 1704.

* Vulgus nostras, a vesicarum prominentium formâ, *bonk-water* appellat .... Hâc Hydropis specie plures apud nos corripiuntur, imprimis lerò qui malâ victûs ratione utuntur, aquisque nostris putridis, crudis, et corruptis, vel cerevisiis ab iis decoctis. De Scorbuto, Obs. xx.

lyx

lyx diutinus with Purpura, and Anaſarca or general Dropſy *.

In the Memoirs of the Medical Society of London, vol. III. †, we have an account of the caſe of a lady who, in the fifth month of pregnancy, was affected with the Pompholyx on her arms, hands, and chest, and in the throat, &c. She had previouſly undergone much fatigue and anxiety, the conſequences of which were, great languor, with loſs of appetite, headach, and an uterine hæmorrhage. Within two months, ſhe recovered her health and ſtrength in ſome degree, but during the latter ſtage of her pregnancy, ſhe had a general ſwelling of the body and lower extremities.

In a caſe recorded by Dr. D. Stewart ‡, this diſeaſe appeared on a young ſoldier, ſoon after a ſudden retropulſion of the Meaſles, occaſioned by expoſure to cold

* A. N. C. vol. VIII. pag. 19. De universali humorum dyscrasiâ Scorbuticâ, gravissimis et planè insolitis symptomatibus stipatâ, ex abusu spirituosorum, et fœculentorum, prognata. By J. de Boetticher.

Vol. X. Obs. 76. pag. 260. De peculiari quâdam Febris malignæ, catarrhalis, exanthematicæ, purpuraceo-pustularis specie, vesicali ulcerosæ. By O. F. W. Frentzel.

This disease continued five or six weeks.

† Appendix; case of Pemphigus, by J. Upton.

‡ Medical Commentaries, vol. VI. History of a case of the Pemphigus major of Sauvages, by Dr. David Stewart, physician in Aberdeen.

while he was marching to Aberdeen. He was at the ſame time affected with great laſſitude, and ſtiffneſs of the joints, headach, thirſt, nauſea, difficulty of ſwallowing, coſtiveneſs, and a ſenſe of oppreſſion about the cheſt: his tongue was foul, his pulſe from 110 to 120, his eyes dull and languid, but he was not delirious. The bullæ or veſications were diffuſed over the whole ſurface of the body, the diſtance from one to another being, in ſome places, half an inch, in others, three or four inches: there was not any redneſs round their baſes.—With proper care and attention in the Hoſpital of Aberdeen, from the 15th to the 27th of April, the complaints of this young man were removed, and he was enabled to return to his duty.

The deſcription of the caſes of Pemphigus given by Mr. Chriſtie *, and Mr. Gaitſkell †, does not differ from the foregoing account of Pompholyx, (pag. 546, &c.) The patients, who had been engaged in laborious occupations, were affected with the eruption for ſeveral ſucceſſive weeks.

An eruption, reſembling the Pompholyx diutinus, appears in ſome caſes of the Prurigo formicans and ſeni-

* London Medical Journal, vol. X. Part IV.

† Memoirs of the Medical Society of London, vol. IV. Mr. G. aſcertained that this diſeaſe is not communicable by inoculation.

lis,

lis, and greatly aggravates the ſymptoms of thoſe complaints; (pag. 72, 80.) The bullæ are of about the ſize of a pea, as repreſented PL. XXXIII. Fig. 2.* A ſimilar eruption may alſo be occaſionally obſerved in the ſcaly Tetter †, (Pſoriaſis diffuſa, &c.) and even in that ſpecies of it, with which waſher-women are affected, from the irritation of ſoap; (pag. 160.)—But the Pompholyx occurs in it's moſt extenſive and diſtreſſing form in perſons at an advanced age, when the ſkin becomes dry and rigid, and when perſpiration is conſiderably diminiſhed. Under theſe circumſtances, the veſications are numerous, and ſome of them are diſtended with clear lymph the ſize of a turkey's egg: others appear livid or black, and when they are broken, the excoriated ſurface seems to be in a state of mortification. I have not, however, in any caſe, ſeen this appearance ſucceeded by actual gangrene, or deep ulcer-

* An appearance, somewhat similar, is produced by the bites of bugs. The bullæ, however, are mostly elevated upon small tumors, or wheals such as those represented, PL. XXXI. Fig. 3.

† A case, in which the Pompholyx (especes d'Ampoules, remplies de serosité, &c.) supervened to a scaly disease of the skin (Psoriasis inveterata? pag. 171), is related at large, in the Journal de Physique, tom II. pag. 2 — Observations par Mons. de la Motte, Médecin de Bourdeaux, sur une maladie singulière de l'Epiderme, 1775.

An eruption of bullæ, as well as the pustules mentioned p. 200, sometimes takes place in Icthyosis.

ation:

ation: but ſuch conſequences of the diſeaſe are noticed by authors *.—Many freſh veſications daily ariſe, with a ſenſation of heat and tingling in the ſkin; and even the cuticle, which has been formed over recent excoriations, is, in many places, ſoon raiſed again by lymph effuſed under it. The patient thus ſuffers nearly as much as if bliſters were applied in ſucceſſion to different parts of the body, and from time to time repeated.—This painful affection continues in ſome caſes, for five or ſix weeks, in others, for as many months. When very reſtringent lotions, or ointments, are applied ſo as to ſuppreſs the eruption, ſome internal diſorder uſually follows, as headach, pain of the ſtomach and bowels, bilious vomiting or diarrhœa, with ſymptoms of fever.—In caſes where nothing of this kind has occurred, the eruption ſometimes terminates in another form of diſeaſe,—by

* Humor virulentus (a bullis majoribus missus) cutim substratam, a quâ cuticula secesserat, ulceratione et corruptione arrodebat, non sine fœtore. Prætereà aliæ minores pustulæ, sub-obscuri nigri coloris, sanguine concreto refertæ, hinc indè dispersæ in abdominis regione, visebantur, quæ sphacelosam corruptionem minabantur. HOFFMANN.

J. Boschius, vir patricius, octagenario proximus, repentè aliquot hujusmodi ampullis, variis in corporis partibus, sine febre, correptus est. Ruptâ epidermide, plaga subter, primum rubra, dein livida, et nigricans apparuit. His, sine alio symptomate, intrà quatuor vel quinque dies, paulatim extinctus est. Burserius, De Pemphigo.—Compare the case, entitled Pemphigus, by Dr. Miroglio, Journal de Médecine, tom. 81.

ſwelling and inflammation about the larger joints, or by nodes, incurvation, and ſtiffneſs, of the ſmaller articulations.

A few caſes of Pompholyx in old age, have been ſtated to me, in which a cure was obtained by the adminiſtration of ſulphur and nitre, Peruvian-Bark, or Plummer's Pill, with the decoction of Sarſaparilla, Dulcamara, Elm-bark, &c. After repeated trials of theſe medicines, I have not been fortunate enough to obſerve any permanent advantage from them. According to my own experience, the warm-bath, uſed every ſecond day, affords a more immediate alleviation of the ſymptoms, and contributes more to remove the diſeaſe, than any other application. It is, however, ſingular that this remedy does not prove of equal advantage to young perſons affected with the Pompholyx. In ſome inſtances, it has aggravated the tingling in the ſkin, and appeared to increaſe the eruption. The diſeaſe is ſeldom very ſevere at an early period of life. In children, or in perſons under forty years of age, I have ſeen it generally removed, within three weeks, by Peruvian bark combined with diuretics, eſpecially with the powder or tincture of Digitalis.

3. Pompholyx solitarius. In this form of the diſeaſe, large veſications ariſe, on ſome part of the body, one after another, at nearly equal intervals of time. A diſagreeable

diſagreeable tingling is felt, for ſeveral hours before the veſication ariſes, which is uſually in the night. It enlarges rapidly, ſo as ſometimes to contain, on the following day, a teacupful of lymph. Within forty-eight hours, the cuticle breaks, the lymph is diſcharged, and a ſuperficial ulceration remains. Near this, another veſication ariſes in a day or two, and goes through the ſame proceſs as the firſt. A third, fourth, fifth, and ſixth veſication will ſometimes appear, and proceed in like manner.

The Pompholyx ſolitarius is attended with ſickneſs and languor, though not with fever. It is a diſeaſe which rarely occurs, and ſeems only to affect women. I have ſeen three caſes of it: in one, the left arm was affected, in the other two, the breaſts. The excoriations occaſioned pain and irritation, with partial hardneſs in the ſubſtance of the breaſt *. Peruvian-Bark was given with evident advantage. Poultices made with linſeed powder were firſt applied to the ſores, and afterwards light dreſſings. The complaint was thus removed in eight or ten days, but, in one caſe, it appeared again at the end of a fortnight, the patient having expoſed herſelf to a ſtream of cold air, when over-heated by labour.

* Professor Lorry has remarked, that vesications of this kind portend Cancer. De Morb. Cut. Art. ii. Part 2.

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	3. marginatum	477
	4. papulatum	478
	5. tuberculatum	482
	6. nodosum	483

ORDER IV. BULLÆ.

I. ERYSIPELAS	1. phlegmonodes	488
	2. œdematodes	495
	3. gangrænosum	497
	4. erraticum	502
II. PEMPHIGUS	1. vulgaris	523
	2. contagiosus	528
	3. infantilis	537
III. POMPHOLYX	1. benignus	545
	2. diutinus	546
	3. solitarius	555-6

Bloomsbury-Square, 1st March 1808.

DIRECTIONS TO THE BINDER.

Place all the Plates in the Four Parts in numerical Order, at the End of Vol. I.

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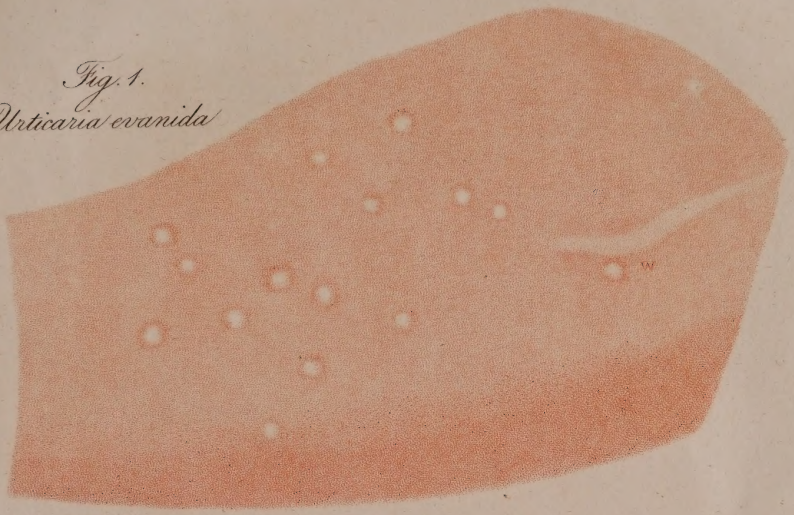
VOL. I.

Fig. 1.
Urticaria evanida



Syd. Edwards delint.

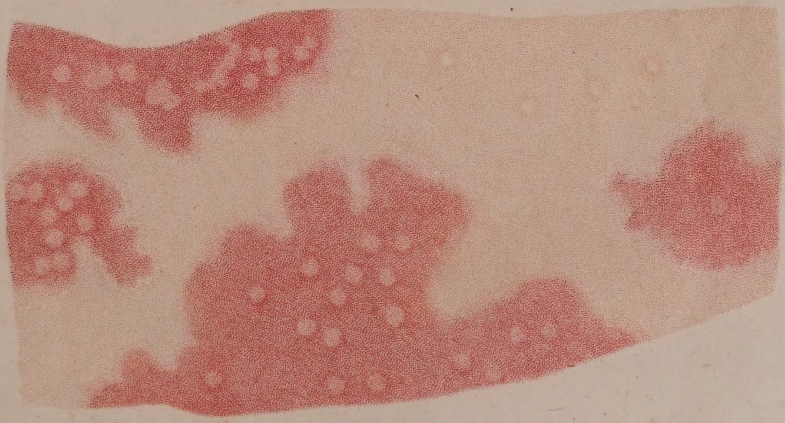


Fig. 2. Urticaria febrilis

London, Published by J. Johnson, St. Paul's Ch. Yd. July 2, 1807.

Roseola æstiva

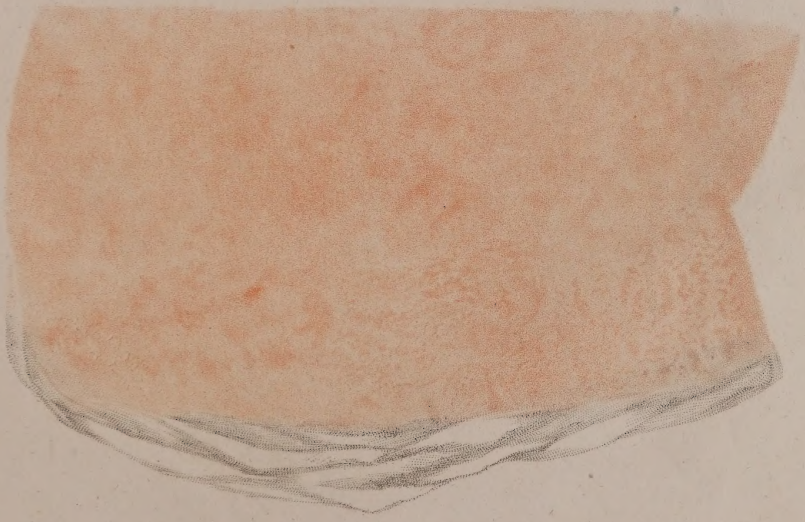
Fig 1.

Fig 2.

Roseola autumnalis

Strutt delin.t London. Published by J. Johnson, St. Paul's Ch. Yd. July 1.1807.

Roseola annulata *Fig. 1.*



Roseola infantilis *Fig. 2.*

R. W. Adm.t
London Published by J. Johnson St Paul's Ch. Yd. July 1. 1807.
J. Saillier. sculp.t

Fig. 3. Roseola vaccina

Fig. 1.

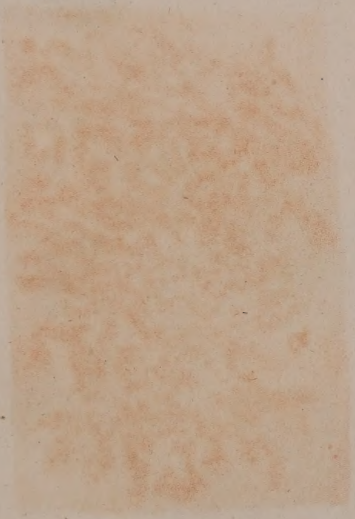


Fig. 2.

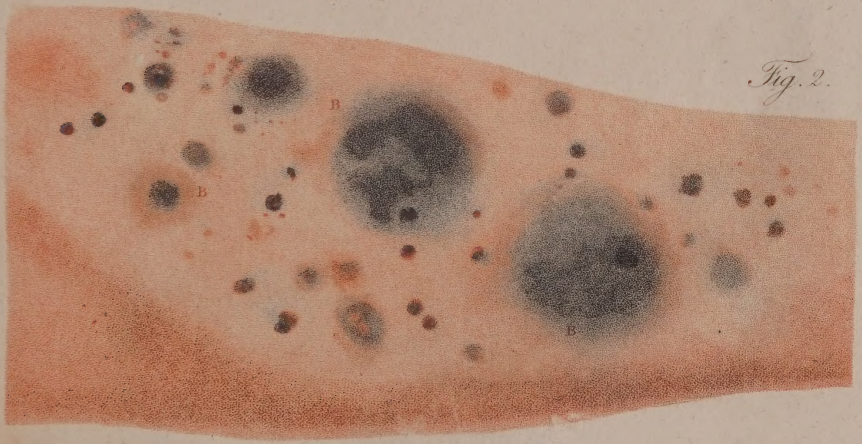
Roseola variolosa

London Published by J. Johnson St Paul's Ch. Yd. July 1. 1807.

Purpura simplex

Fig. 1.

Fig. 2.



Purpura hæmorrhagica

Published by J. Johnson, St. Paul's Ch. Yd. July

Fig. 1.
Purpura urticans
Petechiæ
Fig. 2.
Fig. 3.
London, Published by J. Johnson St Paul's Ch. Yd. July 1 1807.

Erythema pupulatum

Fig. 1.

Fig. 2.

Erythema tuberculatum

Strutt. Edin.r

London Published by J. Johnson St. Pauls Ch. Yd. July 1.1807.

J. Sellar

Erythema nodosum.

Fig. 1.

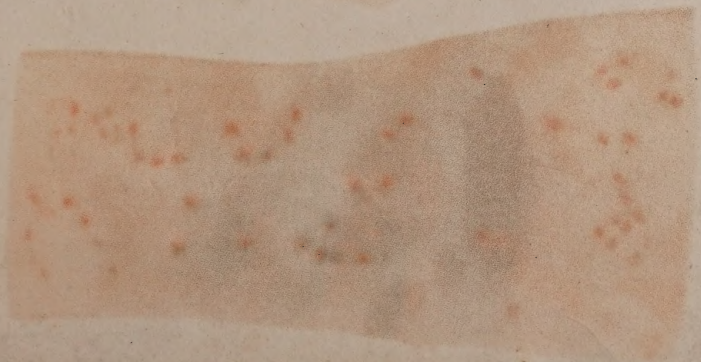


Fig. 2.

London, published by J. Johnson, St. Paul's Ch. Yd. July 1st 1806.

Fig. 1. *Pompholyx dirutinus*

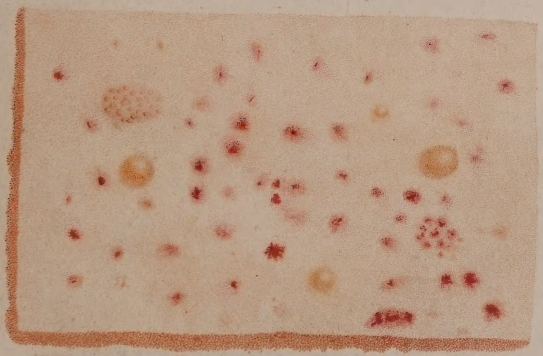


Fig. 2. *Pompholyx pruriginosus.*

W. Darton delt.

Published by J. Johnson. Jan.1.1808.

Sailliar sculpit.

The Generic Distinctions comprized under the different Orders in this Work, are as follows:

ORD. I. PAPULÆ.

Strophulus (Red Gum, Tooth Eruption, &c.)
Lichen (Spring-Eruption, Scorbutic Pimples, &c.)
Prurigo (Gratelle, or universal Itching of the Skin.)

ORD. II. SQUAMÆ.

Lepra (Leprosy of the Greeks)
Psoriasis (Dry or Scaly Tetter)
Pityriasis (Dandriff)
Ichthyosis (Fish-skin)

ORD. III. EXANTHEMATA.

Rubeola (Measles)
Scarlatina (Scarlet-Fever)
Urticaria (Nettle-Rash)
Roseola (Rose-Rash)
Purpura (Purple or Scorbutic-Rash)
Erythema (Red-Rash)

ORD. IV. BULLÆ.

Erysipelas (St. Anthony's Fire)
Pemphigus (Vesicular-Fever)
Pompholyx (Water-blebs)

ORD. V. PUSTULÆ.

Impetigo (Running Tetter)
Ecthyma (Large inflamed Pustules)
Variola (Small-Pox)
Scabies (Itch)
Porrigo (Scald Head, Honeycomb-Scab, &c.)

ORD. VI. VESICULÆ.

Herpes (Ringworm, Shingles, Wild-fire, &c.)
Varicella (Chicken-Pox, and Swine-Pox)
Vaccinia (Cow-Pox)
Miliaria (Miliary Eruptions)
Eczema (Heat-Eruption)
Aphthæ (Thrush)

ORD. VII. TUBERCULA.

Phyma (Boils, Carbuncles, &c.)
Verruca (Warts)
Molluscum (Small, soft Wens)
Vitiligo (White, smooth Tubercles)
Acne (Stone-Pock; red, tuberculated Face, &c.)
Lupus, or Noli me tangere
Elephantiasis (Arabian Leprosy)
Frambœsia (Yaws)

ORD. VIII. MACULÆ.

Ephelis (Sun Spots)
Nævus
Spilus, Moles, and other original Marks.

Bloomsbury Square, March 1, 1805.